



Account Registration Form

participantservice@cslip.org

1-888-312-2164

Participant Information

1. Taxpayer Identification Number

_____ - _____

2. Full Legal Name

3. Government Type

Municipality ☐ County ☐ School District ☐ Special District ☐ Home Rule ☐

Other (please describe): _____

4. Physical Address

Street Address and Suite Number

City

State

Zip Code

5. Mailing Address (if different from physical address)

Street Address and Suite Number

City

State

Zip Code

6. Primary Contact Information

Name: _____

Email: _____

Daytime Telephone: _____

Alternate Telephone: _____

7. Account Name (this is the name of your account shown in the online portal)

8. Additional Account Name (if applicable)



Account Registration Form

participantservice@cslip.org

1-888-312-2164

Bank Information

**This information is used when a request for withdrawal is made by an authorized signer.

1. Bank Account Type

Checking ☐ Savings ☐

2. Remittance Type (select both if remittance can be either wire or ACH)

Wire ☐ ACH ☐ Both ☐

3. Account Information

Account Registered As: _____

ABA Routing Number: _____

**Please note: Some banks may use a different ABA / routing number for ACHs than for Wires.*

Account Number: _____

Further Credit Name:
(if required) _____

Further Credit Account:
(if required) _____

4. Bank Information

Name of Bank

Street Address and Suite Number

City

State

Zip Code



Account Registration Form

participantservice@cslip.org

1-888-312-2164

Signature and Tax Certifications

Under the penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2) that I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding, because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding for failure to report all dividend and interest income; or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (either a U.S. citizen or resident alien).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:

- 1) The investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and
- 2) I have received and read the Fund's information statement and agree to the terms and conditions therein; and
- 3) The information provided by the investor within this registration form is true and correct and any documents provided herewith are genuine; and
- 4) I have received and read the CSLIP Trust Indenture, Privacy Policy and CGA Form ADV Part 2

Signature

Title or Capacity

Date (mm/dd/yyyy)



Account Registration Form

participantservice@cslip.org

1-888-312-2164

Dual Authorization (Optional)

Please utilize this form to request dual authorization capabilities on your CSLIP account. Dual authorization ensures that any changes or transaction requires approval from a second Authorized Signer in order to take place.

Note: All Authorized Signers listed on the account can enter transactions and approve them (not just the user below).

Request to Add Dual Authorization

Dual authorization is hereby approved for _____ by the Authorized Signer below.

By approving dual authorization, the Authorized Signer acknowledges transactions not approved by the 12:00 p.m. MT cutoff will not be processed. Please ensure transactions are entered in a timely manner and that other authorized signers are available to approve the transactions for processing.

Signature

Date



Account Registration Form

participantservice@cslip.org

1-888-312-2164

Read Only Access

May only view the organization's account information and individual permissions.

First Name

Title

Phone (primary)

Last Name

Email Address

Phone (alternate)

First Name

Title

Phone (primary)

Last Name

Email Address

Phone (alternate)

First Name

Title

Phone (primary)

Last Name

Email Address

Phone (alternate)

Signature
