



Account Registration Form

1. YOUR INITIAL INVESTMENT

\$ _____ (no minimum)

Choose the payment method:

☐ Wire:

Wiring Instructions:

Atlantic Shareholder Services FBO CSLIP

Routing Number/ABA: 044 000 024

Bank Account Number: 01640109917

FFC: **Fund Account Number and Fund Account Name**

IMPORTANT: A Customer Service Representative will call the phone number provided below (section 4) with a fund account number once the account has been established. Please reference this fund account number when wiring funds for initial or subsequent purchases.

☐ ACH: Please deduct \$ _____ from my bank account.

All investments must be made by ACH or wire.

2. YOUR ACCOUNT TYPE

Please provide the Tax Identification Number:

Taxpayer Identification Number _____ - _____

☐ Municipality

☐ County

☐ School District

☐ Special District

☐ Other: Describe entity _____

3. YOUR ACCOUNT INFORMATION

Full Name Entity

IMPORTANT: PLEASE PROVIDE A LIST OF ALL AUTHORIZED TRADERS AND/OR SIGNERS ON ENTITY LETTERHEAD.

** If needed, please attach a separate list for additional signers and/or traders*

4. YOUR MAILING/RESIDENCY ADDRESS

Please provide your physical street address:

Street Address and Suite Number

City

State

Zip Code .

Daytime Telephone Number (required)

Alternate Telephone Number

E-Mail Address

Please provide your mailing address (NOTE: if different from your physical street address):

Mailing Address

City

State

Zip Code

5. TELEPHONE AUTHORIZATION

Unless telephone redemptions are declined below, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions for redemptions involving an account with the corresponding registration. I (we) also agree that neither the Fund nor the Transfer Agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

☐ I (We) **DO NOT** authorize telephone redemptions.

6. INCOME PAYMENT OPTIONS

☐ Full Reinvestment: Reinvest all income distributions when paid.

☐ Cash: Pay all income distributions in cash.

☐ Send cash payments by Electronic Funds Transfer according to the banking instructions listed in Section 7.

Please note that if none of the boxes are checked, participants are assigned the Full Reinvestment option.

7. BANK ACCOUNT INFORMATION (Required)

Check type of account : ☐ *Checking Account* ☐ *Savings Account*

Name of Bank

ABA Routing Number

Account Number

Bank Address

City

State

ZIP Code

Registration on Bank Account

For Further Credit (FFC) Information (if applicable)

8. DUPLICATE MAILING ADDRESS (Optional)

Only complete below if you would like duplicate copies of your statements and transaction confirmations mailed to another party.

Name

Street Address

City

State

Zip Code

9. 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.
- (4) I have received and read the CSLIP Trust Indenture, Privacy Policy and CGA Form ADV Part 2

Signature

Title or Capacity (if applicable)

Date (mm/dd/yyyy)

Signature

Title or Capacity (if applicable)

Date (mm/dd/yyyy)

10. CONTACT INFORMATION

Please send completed form to: cslip@cslip.org. Please allow 1 business day for processing.

If you have any questions, please call toll-free (833) 31-CSLIP (833-312-7547).

For inquiries, email cslip@cslip.org or cslip.ta@apexgroup.com for fund account specific information.