

**PARTICIPATION APPLICATION  
ARKANSAS STATE TREASURY MONEY MANAGEMENT TRUST**

*Please complete this form and return to the Arkansas State Treasury's Office via email.  
Email: MMTrust@artreasury.gov  
Contact: STMMT Administrator (501-682-1291)*

**THIS FORM WILL SUPERSEDE PREVIOUSLY SUBMITTED AUTHORIZED USER  
FORMS**

Date: \_\_\_\_\_

**MEMBERSHIP DATA**

Name of Participant: \_\_\_\_\_

Account Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

**PERSONS TO CONDUCT TRANSACTIONS – Please designate one to receive statements**

Name	Phone Number	Email	Signature

**BANK WHICH WILL PROCESS TRANSFERS TO AND FROM TRUST – Attach deposit slip for each account**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

Bank T/R Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Account: \_\_\_\_\_

**Any changes to these instructions must be submitted in writing to the Office of the State Treasurer.**

**NOTARIZATION**

(I/we) hereby make oath that (I/we) are authorized by the entity named above to enter into this agreement with the State Treasury Money Management Trust and to transact business therewith. The entity accepts the terms and conditions of the Trust as may be set forth from time to time by the State Treasurer in authorized written communication. We agree to provide prompt written notification of any change in authorized personnel.

Name (Print or Type): \_\_\_\_\_ Title: \_\_\_\_\_ Signature of Authorized Officer(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_; County of \_\_\_\_\_; State of Arkansas

Notary Public Signature: \_\_\_\_\_ Date My Commission Expires: \_\_\_\_\_ Seal: \_\_\_\_\_

\_\_\_\_\_

**For Office Use Only**

Account Number Assigned: \_\_\_\_\_ Date Received: \_\_\_\_\_

## **APPLICATION INSTRUCTIONS**

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*A copy should be retained for your records. Complete the lines on the application as follows:*

*Date* is current date on which application is completed.

### **MEMBERSHIP DATA**

*Name of Participant* is the name of the entity for which the account(s) is being opened.

*Account Name* is the name in which the participant wishes the Trust to carry its account. Names may reflect the purpose for which funds are being invested.

*Address* is the mailing address to which all statements and other mailed communication is to be directed.

*County* is the name of the county in which your entity is located.

*Phone* is the telephone number at which an authorized person of your unit can be reached regarding STMMT matters.

*Fax Number* is the number of the facsimile machine convenient to your operation (if applicable).

### **PERSONS TO CONDUCT TRANSACTIONS**

*Name, Phone, Email, and Signature* of the individuals of your unit who are designated to transact business in the **STMMT**. Please indicate with an asterisk the person to whom statements should be mailed.

### **BANK WHICH WILL PROCESS TRANSFERS TO AND FROM STMMT**

*Bank Name* is the bank from which you will make deposits and to which withdrawals from the STMMT will be sent.

*Bank Address* is the mailing address of the bank named above.

*Bank Transit/Routing Number* is the routing number of the bank named above.

*Account Number* is the number of your account at the bank named above.

*Name of Account* is the designated name in which the bank named above carries your account.

### **NOTARIZATION**

*Name, Title, and Signature* of the authorized officer(s) entering into this agreement with the STMMT for the participant. Officer(s) should sign application before a notary public.

*Notary Public Signature, Dates and Seal* must be completed by a notary public in order for your application to be accepted.

**NOTE:** Upon receipt and acceptance of this application by the STMMT office, you will be notified of your account number. You will have to have this number in order to transact business in the STMMT and the identity of the number should be restricted to authorized personnel.

*Should there be any changes to the information on this application, an Information Change Form should be completed immediately.*

**PARTICIPANT INFORMATION REVISION FORM  
ARKANSAS STATE TREASURER MONEY MANAGEMENT TRUST**

*Please complete this form and return to the Arkansas State Treasurer's Office via email.  
Email: MMTrust@artreasury.gov  
Contact: STMMT Administrator (501-682-1291)*

Complete appropriate sections of form. Put N/A for sections that are not applicable to your change.

1. Account #: \_\_\_\_\_

2. Date: \_\_\_\_\_

**MEMBERSHIP DATA**

	<u>Current</u>	<u>Change To</u>
3. Entity Name:	_____	_____
4. Account Name:	_____	_____
5. Address:	_____ _____	_____ _____
6. Phone Number:	_____	_____
7. Fax Number:	_____	_____

**PERSONS TO CONDUCT TRANSACTIONS**

	<u>(Typed/Printed) Name</u>	<u>Signature</u>	<u>Title</u>
8. Add:	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

	<u>(Typed/Printed) Name</u>	<u>Signature</u>	<u>Title</u>
11. Delete:	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____

**BANK INFORMATION**

	<u>Bank Name and Address</u>	<u>Account # and Bank T/R#</u>	<u>Name of Bank Account</u>
14. Add:	_____	_____	_____
15.	_____	_____	_____

	<u>Bank Name and Address</u>	<u>Account # and Bank T/R#</u>	<u>Name of Bank Account</u>
16. Delete:	_____	_____	_____
	_____		
17.	_____	_____	_____
	_____		

**AUTHORIZED OFFICER(S)**

The following individuals are now the authorized financial officer(s) charged with the custody of the funds to participate in the STMMT:

	<u>(Typed/Printed) Name</u>	<u>Signature</u>	<u>Title</u>
18:	_____	_____	_____
19.	_____	_____	_____

**NOTARIZATION**

(I/we) hereby make oath that (I/we) are authorized by the entity named above to enter into this agreement with the State Treasury Money Management Trust and to transact business therewith. The entity accepts the terms and conditions of the Trust as may be set forth from time to time by the State Treasurer in authorized written communication. We agree to provide prompt written notification of any change in authorized personnel.

Name (Print or Type):	Title:	Signature of Authorized Officer(s):
_____	_____	_____
_____	_____	_____

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_; County of \_\_\_\_\_; State of Arkansas

Notary Public Signature: \_\_\_\_\_ Date My Commission Expires:

SEAL



## PARTICIPANT INFORMATION REVISION INSTRUCTIONS

*Please keep a copy for your records. Complete the blank lines on the change form as follows:*

1. STMMT Account Number is the account number that was assigned to you for STMMT transactions.
2. Date is the current date on which the form is completed.

*For items 3 through 7, please provide the old data for reference as well as the new data you want to authorize.*

3. Entity Name is the name of your agency, local government, or political subdivision.
4. Account Name is the name under which the participant wishes the STMMT to carry its account.
5. Address is the mailing address where you want your STMMT correspondence directed. Please include street or post office box number, city, state, and zip code.
6. Phone Number is the telephone number where a person authorized by your governmental entity to perform STMMT transactions can be reached.
7. FAX Number is the telephone number of a facsimile copy machine that is convenient to your personnel authorized to do business with the STMMT. Insert "N/A" if this does not apply to you.

*For items 8 through 19, please indicate only the information that you want added and/or deleted.*

8. Persons who will conduct STMMT transactions may be added by inserting their typed/printed name, and affixing an original signature and current job title on the indicated blanks on items 8 through 10.
11. Persons who will conduct STMMT transactions may be removed by inserting their typed/printed name(s) and job title(s) on lines 11 through 13.
14. If you wish to add a bank account to be authorized to receive funds from your STMMT account, insert the bank name, address, account number and transit routing number, and name of account. (Name of account if the name under which this bank account is held.) Attach a bank account deposit form for each account you wish to add.
17. To remove a bank account from the list of bank accounts authorized to receive funds from your STMMT account, provide the bank name, address, account number and bank transit routing number, and name of account.

*Please provide all data requested in items 20 through 25.*

18. Authorized Officers are those individuals or officers charged by the governing body of your entity with custody of the funds associated with this STMMT account. Please provide the typed or printed name, original signature and title of those individuals who are charged with the responsibility of the funds source to this STMMT account.
20. Authorized Officer is the individual who is responsible for these funds and responsible for designating how transactions will be authorized. Please provide an original signature.
21. Please type or print the name of the individual whose signature appears on line 20.
22. Please provide the title of the individual who signed on line 20.
23. The notary statement, signature and seal are to be completed by an Arkansas notary. Please provide notarization of all change forms.

*Any questions about this change form may be addressed to the STMMT staff at (501) 682-1291.*

**DISCLOSURES AND DISCLAIMERS**  
**ARKANSAS STATE TREASURY MONEY MANAGEMENT TRUST**

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**Investment Disclaimer**

Arkansas State Treasury Money Management Trust deposits and interest earnings are not guaranteed or insured by any bank, the State of Arkansas, the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other state or federal agency. Arkansas State Treasury Money Management Trust deposits involve certain investment risks. Participants should be aware of their financial situation and risk tolerance level at all times. Yield and total return may fluctuate and are not guaranteed. Prior to making the decision to invest in the Money Management Trust, potential participants should consider market risk, interest rate risk, and credit risk in determining whether an investment is appropriate. Participants bear the sole responsibility for deciding if investing in the Arkansas State Treasury Money Management Trust is suitable and appropriate. Participants are also responsible for reviewing their own governing statutes, regulations, and policies to determine whether it is legal or appropriate to invest in the Arkansas State Treasury Money Management Trust. Past performance is no guarantee of future results, and current performance may be lower or higher than previous performance.

**Forward Looking Statements**

Presentations made by and on behalf of the Arkansas State Treasury Money Management Trust may contain forward-looking statements. These statements reflect current beliefs and conditions, as well as assumptions made by, and information available to, Arkansas State Treasury Money Management Trust. Forward-looking statements are not guarantees of future performance and involve risks and uncertainties. Actual future results and developments could differ materially from those set forth in these statements due to various factors. These factors include, among other things: changes in financial markets, fluctuations in the general economy and competitive situation and financial markets. Arkansas State Treasury Money Management Trust does not undertake any obligation to update forward-looking statements.

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Authorized by:

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*Signature*

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*Title*

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*Please Print Name*

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*Date*

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