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INITIALS _

FLORIDA MUNICIPAL INVESTMENT TRUST Broad Market High Quality Bond Fund

Please complete, scan, and send to dbucklin@flcities.com.

NOTE:

The Administrator presumes any facsimile or duplicate of this original signed document is a true copy of the original signed document and the Administrator is authorized to act according to the facsimile or duplicate.

Notice of Contribution or Redemption	
Account Title: Entity Number (8 digits):	(Please only check one.)
Amount:	
Contributions must be received by the Custodian Bank on the date	
Contributions can be remitted by wire transfer through the	Federal Reserve. See wire instructions below.
Name of Bank: Bank ABA No./Address: Account Name: Account Number: Further Credit Account Number: Account Name:	Northern Trust Bank 071000152 / 50 S. LaSalle St, Chicago, IL Master Trust Wire Account 5186061000 4490735 Clearing Account
Contribution can be remitted via ACH. See ACH instructions below.	
Name of Bank: Bank ABA No./Address:	Northern Trust Bank 071000152
Account Number:	TR4490735
Notification of contributions or redemptions must be received by the Administrator three business days prior to a Portfolio Valuation date.	
The minimum initial contribution is fifty thousand (50,000) dollars and subseque dollars. Contributions <u>made by check</u> must be received by the financial institution indica Contact the League office for instructions. Contributions <u>made by wire transfer</u> through the Federal Reserve or <u>by ACH</u> m than the day of a Portfolio Valuation. Only contributions received and collected on the net asset value of the Portfolio as determined on the Portfolio Valuation determined.	nust be received by the financial institution indicated above not later in a timely manner will be credited to the Member's account based
Signature and Authorization (Must be signed by one or more persons as specified on the account's Signature Card.)	
The undersigned hereby notifies the Administrator of the above-specified transaction on behalf of the Governmental Entity's account. The undersigned affirms that he/she has the authority to invest funds or withdraw funds from the account specified above. Date://	
Signature Sign	ature
For Internal Use Only:	

FUNDS RECEIVED/SENT BY CUSTODIAN ON: ____