

FOR INTERNAL USE ONLY:

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INITIALS

FLORIDA MUNICIPAL INVESTMENT TRUST Core Plus Fixed Income 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):		
Contribution:	Redemption:	(Please only check one.)
Amount:		
Contributions must be received by the Custodian Bank on the date that the Portfolio is valued.		
Contributions can be remitted by <u>wire transfer</u> through the Federal Reserve. See <u>wire</u> instructions below.		
] 2 1	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 rem	itted <u>via ACH</u> . See <u>ACH</u> instruction Name of Bank: Bank ABA No./Address: Account Number:	ns below. Northern Trust Bank 071000152 TR4490735
Notification of contributions or redemptions must be received by the Administrator three business days prior to a Portfolio Valuation date.		
dollars. Contributions made by check my Contact the League office for ins Contributions made by wire trait than the day of a Portfolio Valua	ust be received by the financial institution indicate tructions. asfer through the Federal Reserve or by ACH mu	d above five business days prior to a Portfolio Valuation date. st be received by the financial institution indicated above not later a timely manner will be credited to the Member's account based e.
Signature and Authorizati	On (Must be signed by one or more pe	ersons as specified on the account's Signature Card.)
		transaction on behalf of the Governmental Entity's account. thdraw funds from the account specified above.

FUNDS RECEIVED/SENT BY CUSTODIAN ON: