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FLORIDA MUNICIPAL INVESTMENT TRUST Expanded High Yield Bond Fund

Please complete and FAX to the FMIvT at (850) 222-3806 ATTN: Kathy Sexton

Please follow-up by mailing the original to the FMIvT, Attn: Kathy Sexton, P.O. Box 1757, Tallahassee, FL, 32302-1757

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. This original signed document shall be mailed to the Administrator (at above address) within two (2) business days after the facsimile or duplicate is provided to the Administrator.

Notice of Contribution or Redemption
Account Title:
Entity Number (8 digits):
Contribution: Redemption: (Please only check one.)
(I rease only eneck 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 <u>Federal Reserve</u> . See <u>wire</u> instructions below.
Wells Fargo Bank, NA ABA Fed Wire Transfer # 121000248 BNF = Trust Wire Clearing Beneficiary A/C = 0000840245 *(please use full 10 digits)* FBO: FMIvT Money Market Account #14361309 / Attn: Denise Smith
Contribution can be remitted <u>via ACH</u> . See <u>ACH</u> instructions below. Wells Fargo Bank, NA ABA ACH # 091000019 Beneficiary A/C = 0000840245 *(please use full 10 digits)* Tran Code: 22 FBO: FMIvT Money Market Account #14361309 / Attn: Denise Smith
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 subsequent contributions or redemptions amounts are five thousand (5,000) dollars. Contributions made by check must be received by the financial institution indicated above five business days prior to a Portfolio Valuation date. Contact the League office for instructions. Contributions made by wire transfer through the Federal Reserve or by ACH and received by the financial institution indicated above on the day of a Portfolio Valuation. Only contributions received and collected in a timely manner will be credited to the Member's account based on the net asset value of the Portfolio as determined on the Portfolio Valuation date.
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 Signature FOR INTERNAL Use ONLY:

FUNDS RECEIVED/SENT BY CUSTODIAN ON: ____/___/