



FLORIDA MUNICIPAL INVESTMENT TRUST  
SIGNATURE CARD

Please complete and mail the original to:  
Florida Municipal Investment Trust, P.O. Box 1757, Tallahassee, FL, 32302-1757

**Signature Card**

- (Please check only one)  0-2 Year High Quality Bond Fund  Core Plus Fixed Income Fund
- 1-3 Year High Quality Bond Fund  Expanded High Yield Bond Fund  Diversified Small to Mid Cap Portfolio
- Intermediate High Quality Bond Fund  High Quality Growth Portfolio  Russell 1000 Enhanced Index
- Broad Market High Quality Bond Fund  Large Cap Diversified Value Portfolio  International Equity Portfolio

Name of Governmental Entity: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account #: \_\_\_\_\_ (Please leave blank if establishing a new account)

**NAME**

**SIGNATURE**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of signatures required to authorize a contribution and/or redemption.

The undersigned hereby authorize the person(s) indicated above as having authority to invest funds and withdraw funds on behalf of the Governmental Entity's account according to the terms and conditions set forth in the Agreement and Declaration of Trust as amended and the most recently published Informational Statement governing the Portfolio in which the named account is a Member. The undersigned agrees that the above authorized person(s) will remain in effect until the Administrator receives a new signature card.

\_\_\_\_\_  
**Authorized Signature**

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

**NOTE:**  
*Only the person holding the office designated in the entity's ordinance/resolution can sign the Signature Card as the "Authorized Signature" or make changes to the Signature Card.*

Attest Signature: \_\_\_\_\_ Attest Title: \_\_\_\_\_