



FLORIDA MUNICIPAL INVESTMENT TRUST
Core Plus Bond Fund REVISED

Please complete, scan, and send via email attachment to ksexton@flcities.com

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.)

Amount: _____

Contributions must be received by the Custodian Bank on the date that the Portfolio is valued.

Contributions can be remitted by **wire transfer** through the Federal Reserve. See **wire instructions below.**

Name of Bank:	Northern Trust Bank
Bank ABA No./Address:	071000152 / 50 S. LaSalle St, Chicago, IL
Account Name:	Master Trust Wire Account
Account Number:	5186061000
Further Credit Account Number:	44-90735
Account Name:	Clearing Account

Contribution can be remitted **via ACH.** See **ACH instructions below.**

Name of Bank:	Northern Trust Bank
Bank ABA No./Address:	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 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 must be received by the financial institution indicated above no later than 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:

RECEIVED ON: ____/____/____ INITIALS _____

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