



## Welcome to FLCLASS

We believe you have made a sound financial decision in choosing Florida Cooperative Liquid Assets Securities System (FLCLASS). We look forward to being your trusted provider and are excited to connect with you to make your investment process a positive, easy experience.

FLCLASS is a short-term, highly liquid investment program, designed specifically for public-sector funds. It provides the opportunity to invest funds on a cooperative basis in short-term investments which are carefully selected to provide maximum safety and liquidity while generating a competitive yield.

This packet contains all of the materials necessary to set up your FLCLASS account(s). If you have any questions about the registration process or about your FLCLASS account(s) please do not hesitate to contact us. The FLCLASS Client Service team can be reached by phone toll-free at 844-220-7600 or by email at [clientservices@flclass.com](mailto:clientservices@flclass.com). The FLCLASS Team can be reached any business day, 8:30am to 5pm Eastern Time.

Thank you for choosing FLCLASS!

Sincerely,

The FLCLASS Board of Trustees



## Registration Procedures

### To participate in FLCLASS, please complete the following:

1. Review the Interlocal Agreement (you may access a copy from the Document page on [www.flclass.com](http://www.flclass.com))
2. Complete and sign the Instrument of Adoption

*Under Florida Statutes, Section 218.415, Florida governments have the power to invest in any intergovernmental investment pool authorized pursuant to the Florida Interlocal Cooperation Act, as provided in Section 163.01 of the Florida Statutes. The Instrument of Adoption must be signed by the finance director, treasurer, chief financial officer, or other local official who is properly authorized to invest public funds of your entity.*

3. Complete the Entity Registration
4. Complete the Authorized Contacts Form
5. Complete the Account to be Established form; you may open as many accounts as you wish

Keep the original forms for your records and send the completed packet to the FLCLASS Client Service Team by fax 844-220-7900 or by email [clientservices@flclass.com](mailto:clientservices@flclass.com).

### If you have any questions, please contact us; we would love to hear from you:

FLCLASS Client Service Team  
Phone 844-220-7600  
[clientservices@flclass.com](mailto:clientservices@flclass.com)



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## **INSTRUMENT OF ADOPTION**

of that certain  
Interlocal Agreement for the  
Florida Cooperative Liquid Assets Securities System (FLCLASS)

This Instrument of Adoption (this "Instrument") is executed as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and on behalf of \_\_\_\_\_.

Reference is made to that certain Interlocal Agreement for the Florida Cooperative Liquid Assets Securities System, dated as of April 15, 2019, made by and among certain Initial Participants (as defined therein) and such additional Participants who may have heretofore and may hereafter join therein, and as may have been and may be modified or amended as provided therein (the "Interlocal Agreement"). Capitalized terms not defined in this Instrument shall have the meanings given in the Interlocal Agreement.

By executing this Instrument, the undersigned represents and warrants that (a) the undersigned is a Unit of Local Government as defined in the Interlocal Agreement; (b) the person executing this Instrument on behalf of the undersigned is an officer of the Unit of Local Government, authorized to execute this Instrument; (c) the undersigned has tendered to FLCLASS the minimum investment required under the Interlocal Agreement; and (d) the undersigned (i) has taken all required official action to adopt and authorize the execution of the Interlocal Agreement including, without limitation, adopting a written investment policy consistent with the Interlocal Agreement and the Investment Policy adopted thereby or amending or modifying any existing written investment policy not consistent with the Interlocal Agreement or the Investment Policy, and (ii) has furnished to the Board evidence satisfactory to the Board that such official action has been taken.

By executing this Instrument, the undersigned agrees that it will be bound by all terms and conditions of the Interlocal Agreement, as amended from time to time, including without limitation that it will maintain a written investment policy consistent with the provisions of the Interlocal Agreement and Investment Policy adopted thereby, as each of the same may be amended from time to time.

IN WITNESS WHEREOF, the undersigned has executed this Instrument as of the day first above written.

Name of Public Agency \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signatory \_\_\_\_\_

Print Name \_\_\_\_\_



## Trust Registration

### Entity Information

Local Government Name (Participant) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

County \_\_\_\_\_ Tax ID \_\_\_\_\_ Fiscal Year (Month/Day) \_\_\_\_\_

Entity Type:  City/Town  Special District  County  Other (Specify) \_\_\_\_\_

FLCLASS is hereby authorized to honor any telephone, faxed or electronic request, believed to be authentic, for withdrawal of funds. The withdrawal proceeds can be sent only to the bank(s) indicated below unless changed by written instructions. Each local government is responsible for notifying FLCLASS of any changes to its account.

### Banking Information

Bank Name \_\_\_\_\_ Bank Routing Number (ABA) \_\_\_\_\_

Account Title \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Contact \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_

### Banking Information

Bank Name \_\_\_\_\_ Bank Routing Number (ABA) \_\_\_\_\_

Account Title \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Contact \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_



## Authorized Contacts

### Key Contact

Mr.  Ms. \_\_\_\_\_  
Print First and Last Name Title

\_\_\_\_\_  
Signature (\*required if Authorized Signer) Phone

\_\_\_\_\_  
Email Fax

#### Permissions (must check one)

- Authorized Signer to Move Funds\*  
 Read Only Access

#### Email Notifications

- Monthly Statements  
 Transaction Confirmations

#### Online Account

- Online User Access

### Additional Contacts

Mr.  Ms. \_\_\_\_\_  
Print First and Last Name Title

\_\_\_\_\_  
Signature (\*required if Authorized Signer) Phone

\_\_\_\_\_  
Email Fax

#### Permissions (must check one)

- Authorized Signer to Move Funds\*  
 Read Only Access

#### Email Notifications

- Monthly Statements  
 Transaction Confirmations

#### Online Account

- Online User Access

Mr.  Ms. \_\_\_\_\_  
Print First and Last Name Title

\_\_\_\_\_  
Signature (\*required if Authorized Signer) Phone

\_\_\_\_\_  
Email Fax

#### Permissions (must check one)

- Authorized Signer to Move Funds\*  
 Read Only Access

#### Email Notifications

- Monthly Statements  
 Transaction Confirmations

#### Online Account

- Online User Access



## Accounts to be Established

Name of Public Entity: \_\_\_\_\_

Desired FLCLASS Subaccount Name\*:  
(To be completed by Participant)

FLCLASS Account Number  
(To be assigned by FLCLASS)

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\*Name must be limited to 30 characters.