



Welcome to FLCLASS

Thank you for choosing FLCLASS!

This packet contains all 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 any business day from 8:00 a.m. to 5:00 p.m. ET by phone at (844) 220-7600 or by email at clientservices@flclass.com.

FLCLASS is not a bank. An investment in FLCLASS is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although FLCLASS seeks to preserve the value of your investment at \$1.00 per share, FLCLASS cannot guarantee it will do so. Please read the applicable FLCLASS Information Statements carefully before making an investment decision. Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. Past performance is no guarantee of future results. Any financial and/or investment decision may incur losses.



Registration Procedures

To participate in FLCLASS, please complete the following:

1. Review the Interlocal Agreement (accessible on www.flclass.com).
2. Complete and sign Model Resolution Document authorizing participation in FLCLASS (pages 3/4).
3. Complete the Entity Registration (page 5).
4. Complete the Authorized Contacts Form (pages 6/7).
5. Complete the FLCLASS Accounts to be Established form; you may open as many accounts as you wish (page 8).
6. Should you be interested in participating in FLCLASS Enhanced Cash, complete the FLCLASS Enhanced Cash Participant Acknowledgement Form (page 9) and the FLCLASS Enhanced Cash Accounts to be Established Form; you may open as many accounts as you wish (page 10).
7. 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.

Questions? Please contact us; we would love to hear from you.

FLCLASS Client Service Team
T (844) 220-7600
clientservices@flclass.com



Model Resolution to Participate

RESOLUTION NO. _____

A RESOLUTION OF THE _____ [GOVERNING BODY] OF THE _____ [UNIT OF LOCAL GOVERNMENT] APPROVING THE ENTRANCE INTO AN INTERLOCAL AGREEMENT WITH OTHER GOVERNMENTAL PARTICIPANTS FOR THE PURPOSE OF EXERCISING INVESTMENT POWER JOINTLY TO INVEST FUNDS IN CONCERT WITH OTHER PARTICIPANTS; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the _____ [Unit of Local Government] is permitted and has the power pursuant to the provisions of the Florida Statutes, including but not limited to Section 218.415 of the Florida Statutes, and its own local laws to invest certain of its funds in statutorily permitted investments including but not limited to any intergovernmental investment pool authorized pursuant to Section 163.01, Florida Statutes, as amended (the **Florida Interlocal Cooperation Act**); and

WHEREAS, Sec. 163.01, Fla. Stat., authorizes a political subdivision, agency, or officer of the State of Florida including but not limited to state government, county, city, school district, single and multipurpose special district, single and multi-purpose public authority, metropolitan or consolidated government, a separate legal entity or administrative entity created under subsection (7) of Section 163.01, Fla. Stat., or an independently elected county officer (each of the foregoing a Local Government Entity or Entity), to exercise jointly with any other Entity any power, privilege, or authority which such Entities share in common and which each might exercise separately; and

WHEREAS, the Florida Interlocal Cooperation Act authorizes the _____ [Unit of Local Government], together with other local governmental entities, to exercise jointly any power, privilege or authority which the local governmental entities share in common and which each might exercise separately pursuant to a written interlocal agreement; and

WHEREAS, Palm Beach County Clerk and Comptroller, the Pinellas County Clerk of the Court and Comptroller, and Orange County Tax Collector, as initial Participants (as such term is defined in the Interlocal Agreement described below), entered into that certain Interlocal Agreement, a copy of which is attached hereto as Exhibit A (the **Interlocal Agreement**), the purpose of which is to provide the _____ [Unit of Local Government] and each Participant which has executed or otherwise joined the Interlocal Agreement, a substantial benefit by establishing the intergovernmental investment pool to be known as the Florida Cooperative Liquid Assets Securities System (**FLCLASS**), which is an intergovernmental investment pool as described in Section 218.415, Florida Statutes, as amended, in order to exercise such investment power jointly and invest such funds in concert with the other Participants pursuant to the Interlocal Agreement as authorized by the Florida Interlocal Cooperation Act in order to take advantage of economies of scale and perform governmental functions more efficiently; and

WHEREAS, the _____ [Unit of Local Government] desires to join the Interlocal Agreement as a Participant, in order to exercise investment power jointly and invest funds in concert with the other Participants pursuant to the Interlocal Agreement in order to take advantage of economies of scale and perform governmental functions more efficiently; and



WHEREAS, the policy of the Interlocal Agreement shall be to place the highest priority on the safety of principal and liquidity of funds, and the optimization of investment returns shall be secondary to the requirements for safety and liquidity;

NOW, THEREFORE, BE IT RESOLVED by the _____ **[Governing Body]** of the _____ **[Unit of Local Government]** as follows:

SECTION 1. The Interlocal Agreement executed or otherwise joined by the Participants thereto, a copy of which is attached to this Resolution as Exhibit A and incorporated herein by reference.

SECTION 2. Pursuant to Section 2.4 of the Interlocal Agreement, the _____ **[Unit of Local Government]** hereby joins the Interlocal Agreement as a Participant and agrees to be bound by all of the terms and provisions thereof. The _____ **[Unit of Local Government]** further agrees to file an executed copy of this Resolution with the Clerk of Court of _____ County, Florida.

SECTION 3. This Resolution shall take effect immediately upon its filing with the Clerk of Court of _____ County, Florida.

PASSED AND ADOPTED IN PUBLIC SESSION of the _____ of the _____ this _____ day of _____, 20__.

By: _____

Name: _____

Its: _____

Attest:

_____, [Assistant] Secretary



Trust Registration

Entity Information

Local Government Name (Participant) _____

Entity Type: City/Town County School District Special District
Other (Specify) _____

Mailing Address _____

City _____ Zip _____ County _____

Physical Address (if different than above) _____

City _____ Zip _____ County _____

Tax ID _____ Fiscal Year End Date (Month/Day) _____

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.

Wires will be distributed every hour with the final distribution ending at 3:00 p.m. ET; distribution times are subject to change as needed by the FLCLASS Administrator.

Banking Information

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact* _____ Contact's Phone Number _____

Wire ACH Both

Additional Banking Information (Optional)

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact* _____ Contact's Phone Number _____

Wire ACH Both

*If there will only be one Authorized Signer on the FLCLASS account, bank contact must be provided to verify bank account information



Authorized Contacts

Authorized Signers Can:	Read-Only Users Can:
Approve changes to the Investor Profile Update banking/contact information Process transactions Receive account updates	Receive account updates Request "view-only" access to monthly statements and transaction confirmations

Authorized Signer

Print First and Last Name

Signature Required

Email (Required)

Title

Phone (Required)

Fax

Additional Contact (Optional – FLCLASS strongly advises each participant to have multiple authorized signers to help prevent fraud)

Print First and Last Name

***(Signature Required if Authorized Signer)**

Email (Required)

Title

Phone (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Additional Contact (Optional)

Print First and Last Name

***(Signature Required if Authorized Signer)**

Email (Required)

Title

Phone (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access



Authorized Contacts (cont.)

Additional Contact (Optional)

Print First and Last Name

***(Signature Required if Authorized Signer)**

Email (Required)

Title

Phone (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Additional Contact (Optional)

Print First and Last Name

***(Signature Required if Authorized Signer)**

Email (Required)

Title

Phone (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Additional Contact (Optional)

Print First and Last Name

***(Signature Required if Authorized Signer)**

Email (Required)

Title

Phone (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access



FLCLASS Enhanced Cash Participant Acknowledgement Form

Participant Information

Entity Name (Participant) _____

Participant Acknowledgement

The undersigned Authorized Signer for the Participant hereby acknowledges the following:

- The Participant has received and reviewed the FLCLASS Enhanced Cash Information Statement.
- All Enhanced Cash investments are made in accordance with the FLCLASS Enhanced Cash Investment Policy.
- FLCLASS Enhanced Cash is designed to complement the daily liquidity of the FLCLASS fund by gaining exposure to a diversified portfolio of high-quality securities.
- The general objective of FLCLASS Enhanced Cash is to generate a higher level of income than provided by a traditional stable NAV LGIP while seeking to protect Participant capital.
- Withdrawals are available one business day after the request is made. With FLCLASS Enhanced Cash, investments continue to accrue interest during the one-day redemption period. Due to the design of FLCLASS Enhanced Cash, early withdrawals are not permissible.
- Withdrawals can only be initiated in the Participant Portal.
- Any Authorized Signer has full power and authority to make investments for the above Participant.
- FLCLASS Enhanced Cash is designed for investors with a slightly longer investment horizon and the ability to tolerate a higher risk profile.

Authorized Signer

Signature

Date

Printed Name

Title

The investment advisor providing these services is Public Trust Advisors, LLC (Public Trust), an investment adviser registered with the SEC under the Investment Advisers Act of 1940, as amended. Registration with the SEC does not imply a certain level of skill or training. Additionally, this registration provides no guarantee of return or protection against loss. FLCLASS is not a bank. An investment in FLCLASS is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Please read the applicable FLCLASS Information Statements carefully before making an investment decision. Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. **Past performance is no guarantee of future results. Any financial and/or investment decision may incur losses.**



FLCLASS Enhanced Cash Accounts to be Established

Entity Name: _____

FLCLASS Enhanced Cash Accounts

Desired Subaccount Name(s)* i.e. General Fund, etc.:
(To be completed by Participant)

FLCLASS Enhanced Cash is designed to complement the daily liquidity offered by the FLCLASS portfolio. EDGE is best suited for funds not needed on a frequent or near-term basis. FLCLASS Enhanced Cash is designed for investors with a slightly longer investment horizon and the ability to tolerate a higher risk profile.

The FLCLASS Enhanced Cash investment objectives in order of priority are safety, liquidity, and return. The FLCLASS Enhanced Cash portfolio is structured to provide Florida local governments with an investment vehicle to invest monies not needed for daily liquidity.

*Name must be limited to 40 characters.

Once your FLCLASS account has been established, you will receive a confirmation email with your login credentials from no-reply@flclass.com. If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before calling the FLCLASS Client Service team.



Dual Authorization Form

Entity Name: _____

Please utilize this form to request dual authorization capabilities on your FLCLASS account. Dual authorization ensures that any transaction entered via the FLCLASS online transaction portal requires approval from a second Authorized Signer in order to be processed (internal transfers between subaccounts do not require dual authorization). **Note:** All Authorized Signers listed on the account can enter transactions and approve them (not just the users below).

Request to Add Dual Authorization

Dual authorization is hereby approved for _____ by the Authorized Signer below. By approving dual authorization, the Authorized Signer acknowledges transactions not approved by the 3:00 p.m. ET cutoff will not be processed. Please ensure transactions are entered in a timely manner and that other authorized signers are available to approve the transactions for processing.

Authorized Signer's Signature

Date

Print Name

Title