

Wyoming CLASS



Registration Packet



Welcome to Wyoming CLASS

Thank you for choosing Wyoming CLASS!

This packet contains all the materials necessary to set up your Wyoming CLASS account(s). If you have any questions about the registration process or about your Wyoming CLASS account(s), please do not hesitate to contact us. The Wyoming CLASS Client Service team can be reached any business day from 7:30 a.m. to 4:00 p.m. MT by phone at (866) 987-4445 or by email at clientservices@wyomingclass.com.

Wyoming CLASS is not a bank. An investment in Wyoming CLASS is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although Wyoming CLASS seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. Please read the applicable Wyoming CLASS 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 join Wyoming CLASS, please complete the following:

- 1) Read the Wyoming CLASS Indenture of Trust (located in the Document Center at www.wyomingclass.com).
- 2) Pass the resolution authorizing participation in Wyoming CLASS (page 3).
- 3) Complete the Entity Registration (page 5).
- 4) Complete the Authorized Contacts Form (pages 6/7).
- 5) Complete the Accounts to be Established Form (page 8); you may open as many accounts as you wish.
- 6) Keep the original forms for your records and send the completed packet to the Wyoming CLASS Client Service team by fax (866) 987-4446 or by email clientservices@wyomingclass.com

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

Wyoming CLASS Client Service Team

T (886) 987-4445

clientservices@wyomingclass.com

Through the Wyoming CLASS website, www.wyomingclass.com, Participants will be regularly informed of important program information, holidays, upcoming Board meetings, Participant events, conferences, and more. Board of Trustee meetings, which are open to the public, are generally held quarterly and discuss relevant issues to the governance and operations of the Wyoming CLASS program.



Resolution Authorizing Participation in the Wyoming CLASS

A resolution authorizing _____ to join with other political subdivisions of the state of Wyoming as a Participant ("Participant") in the Wyoming Cooperative Liquid Assets Securities System "Wyoming CLASS" (the "Trust") to pool funds for investment.

WHEREAS, W.S. 9-4-831 authorizes political subdivisions of the state of Wyoming as defined therein under W.S. 9-4-831(a) ("Political Subdivisions") to invest in eligible securities as defined in W.S. 9-4-831 ("Legal Investments"); and

WHEREAS, W.S. 9-4-831(a)(viii) authorizes Political Subdivisions to invest jointly with other investors in a commingled fund of Legal Investments; and

WHEREAS, the Trust is a statutory trust formed under the laws of the state of Wyoming in accordance with W.S. 17-23-114 and it is the intent and purpose of the Trust to provide for the investment in only those Legal Investments for Political Subdivisions in accordance with W.S. 9-4-831; and

WHEREAS, U.S. Bank National Association is custodian for the Trust ("Custodian") and all eligible securities of the Trust are held through the Custodian; and

WHEREAS, it is in the interest of the Participants to permit their respective cash balances to be invested in the Trust; and

WHEREAS, _____, a Political Subdivision, desires to become a Participant in the Trust.

NOW, THEREFORE, it is hereby RESOLVED by the Governing Body of this Political Subdivision as follows:

- 1. _____ hereby approves, adopts, and thereby joins as a Participant with other Political Subdivisions pursuant to the Wyoming CLASS Indenture of Trust dated May 29, 2020, as amended from time-to-time, the terms of which are incorporated herein by this reference and a copy of which shall be filed with the minutes of the meeting at which this Resolution was adopted; and
2. The Custodian, acting as a depository, is hereby designated as a depository for the funds of this Political Subdivision which shall be invested in the Trust on behalf of its general fund and all other accounts, and the Key Contact is directed and authorized to execute any and all depository forms and resolutions of said Custodian, and that said resolutions are adopted as reflected thereon. The application of U.S. Bank

National Association to become a depository is hereby accepted.

3. The Key Contact and Authorized Signatories are those persons listed on the Trust Registration Form attached hereto and incorporated herein. The Authorized Signatories are authorized by the Participant to direct the investment of such Participants' investment funds and to take all such actions deemed necessary or desirable to carry out the activities otherwise authorized by this Resolution, subject to the Authorized Signatories' obligation to take such actions only in the name of and for the benefit of this Participant.
4. The Key Contact and Authorized Signatories may be changed from time-to-time by written notice to Wyoming CLASS.

The undersigned hereby certifies that _____ has enacted this Resolution, or another form of Resolution, a copy of which is enclosed, and that such Resolution is a true and correct copy of the original which is in my possession.

Authorized Signature

Title

Printed Name

Date



Fund Registration

Entity Information

Entity 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) _____

I authorize Wyoming CLASS and its transfer agent and administrator to act on any instructions believed to be genuine for any service authorized on this form. I agree that Wyoming CLASS, its transfer agent, and administrator, Public Trust Advisors LLC, and their respective officers, directors, affiliates, representatives, employees and agents (each an "Indemnified Party") will not be liable for any losses, claims, expenses and liabilities (collectively, the "Losses") that result from accepting such instructions, and I agree to indemnify and hold harmless each Indemnified Party from and against any and all Losses arising from or resulting from such reliance on, or acceptance of, such instructions. Withdrawal proceeds can be sent only to the bank(s) indicated below unless changed by written instructions. Each local government is responsible for notifying the Trust of any changes to its account(s).

Wires will be distributed every hour with the final distribution ending at 1:00 p.m. MT; distribution times are subject to change as needed by the Wyoming CLASS Administrator. Additionally, Wyoming CLASS must be notified of any contributions by 1:00 p.m. MT to receive same day credit. If funds are not received by 3:00 p.m. MT, contribution orders will be voided.

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 Wyoming CLASS 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

Key Contact and Authorized Signer

Print First and Last Name

Title

Signature Required

Phone (Required)

Email (Required)

Fax

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

Print First and Last Name

Title

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

Phone (Required)

Email (Required)

Fax

Permissions (check one only)

- Authorized Signer to Move Funds*
- Read-Only Access

Additional Contact (Optional)

Print First and Last Name

Title

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

Phone (Required)

Email (Required)

Fax

Permissions (check one only)

- Authorized Signer to Move Funds*
- Read-Only Access



Authorized Contacts (cont.)

Additional Contact (Optional)

Print First and Last Name

Title

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

Phone (Required)

Email (Required)

Fax

Permissions (check one only)

- Authorized Signer to Move Funds*
- Read-Only Access

Additional Contact (Optional)

Print First and Last Name

Title

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

Phone (Required)

Email (Required)

Fax

Permissions (check one only)

- Authorized Signer to Move Funds*
- Read-Only Access

Additional Contact (Optional)

Print First and Last Name

Title

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

Phone (Required)

Email (Required)

Fax

Permissions (check one only)

- Authorized Signer to Move Funds*
- Read-Only Access

Dual Authorization Form

Entity Name: _____

Please utilize this form to request dual authorization capabilities on your Wyoming CLASS account. Dual authorization ensures that any transaction entered via the Wyoming CLASS 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 that transactions not approved by the 1:00 p.m. MT 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

Printed Name

Title