

Instructions: Use this application to open an Account with the **Missouri Securities Investment Program (MOSIP)**. If this is your Entity's first Account in MOSIP, you must include a completed **MOSIP New Investor Application** for this form to be processed. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page 2. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

MOSIP Account #: _____
(Program Use Only)

INVESTOR INFORMATION: (Please complete all fields in this section.)

Investor Name: _____ **TIN:** _____
(Name that appears on Program records) (Taxpayer Identification Number)

Account Title: _____
(New Account name to display on Program records and statements)

Is this Account being set up for bond proceeds? Yes No

Pay dividends by reinvestment in: This Account Other MOSIP Account: _____
(Account Number or Account Name)

INVESTMENT OPTIONS: (Please select the investment option(s) that your Entity may invest in.)

As a Contact authorized to make investment decisions for the Entity listed above, I certify that the selected investments below are permitted investments for the Programs to be invested.

MOSIP Liquid and MAX Classes of the Liquid Series

MOSIP TERM

Note: I hereby acknowledge that the investment option(s) selected above should be added to the pre-established Account listed in the Investor Information section. Any Contact(s), their permission(s), and the banking instructions on record with this Account should not be altered in any way. _____ (Initial only if you are adding an investment option to a pre-established Account.)

SERVICES: (Please select the services that your Entity is interested in. A representative from the Client Services Group will contact you to discuss.)

ACH Purchase/Redemption

Wire Purchase/Redemption

MOSIP Checking

Note: If a wire/ACH banking instruction is not established for this Account and the monies invested must be distributed to the Entity listed above, the Program reserves the right to distribute this Account's balance and any accrued dividend via check. Should such an event occur, the check will be sent to the Investor's address on record.

CONTACT PERMISSIONS: (Please complete the information below to add each Contact's permissions for this Account.)

1. CONTACT INFORMATION: (Contact must be previously established with the Program)

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

Address

City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Program Account being established, this Contact may:

View Account information.
Initiate transactions.
Open and close Accounts.
Change banking instructions and Account information.
Assign permissions to and establish other Contacts.
Receive electronic statements.
Receive paper statements.

*Contact must be on record. [All new Contacts must complete a Contact Record form.](#)

2. CONTACT INFORMATION: (Contact must be previously established with the Program)

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

Address

City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Program Account being established, this Contact may:

View Account information.
Initiate transactions.
Open and close Accounts.
Change banking instructions and Account information.
Assign permissions to and establish other Contacts.
Receive electronic statements.
Receive paper statements.

*Contact must be on record. [All new Contacts must complete a Contact Record form.](#)

3. CONTACT INFORMATION: (Contact must be previously established with the Program)

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

Address

City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Program Account being established, this Contact may:

View Account information.
Initiate transactions.
Open and close Accounts.
Change banking instructions and Account information.
Assign permissions to and establish other Contacts.
Receive electronic statements.
Receive paper statements.

*Contact must be on record. [All new Contacts must complete a Contact Record form.](#)

(New Account name to display on Program records and Statements)

(Taxpayer Identification Number)

4. CONTACT INFORMATION: (Contact must be previously established with the Program)

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

Address

City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Program Account being established, this Contact may:

- View Account information.
- Initiate transactions.
- Open and close Accounts.
- Change banking instructions and Account information.
- Assign permissions to and establish other Contacts.
- Receive electronic statements.
- Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

5. CONTACT INFORMATION: (Contact must be previously established with the Program)

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

Address

City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Program Account being established, this Contact may:

- View Account information.
- Initiate transactions.
- Open and close Accounts.
- Change banking instructions and Account information.
- Assign permissions to and establish other Contacts.
- Receive electronic statements.
- Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

OPTIONAL DOCUMENTATION: (In addition to this form, the following documents are optional.)

- Contact Record (New Contacts Only)
- ACH Setup Instructions
- Wire Setup Instructions

CERTIFICATION & SIGNATURE: (Please have a Contact per Program records who is authorized to open new Accounts sign below.)

The Contact signing below has full authorization to open Accounts on behalf of the Investor listed above and should meet one the following criteria:

- For a current Investor, this section must be signed by a Contact who is currently authorized to open Accounts per Program records; or
- For a new Investor, this section must be signed by the Contact who signed the certification section of the New Investor Application.

The Program reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary funds agreement, etc. when opening Accounts and assigning permissions with the Program. It is the sole responsibility of the Investor to promptly notify MOSIP of any changes to authorized Contacts.

Print or Type Name of Authorized Signatory

Title/Position

Authorized Signature

Date

PROGRAM USE ONLY:

MOSIP Representative Signature

Date

Principal Approval Signature

Date

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT: Log in to Account Access
Existing Connect Click ☒ Secure Contact
Users Only Select file to upload - Send message

FAX TO: MOSIP Client Services Group
1-888-535-0120

MAIL TO: MOSIP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108

PROGRAM USE ONLY

V2022.07	INITIALS
Processed	
Confirmed	

(New Account name to display on Program records and Statements)

(Taxpayer Identification Number)

Instructions: Complete this form to add additional Contact's permissions for this Account. If this addendum is needed, it must accompany the Account Application.

6.	CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Program Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i>
7.	CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Program Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i>
8.	CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Program Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i>
9.	CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Program Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i>
10.	CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Program Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i>

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT: Log in to Account Access
Existing Connect Click ☒ Secure Contact
Users Only Select file to upload - Send message

FAX TO: MOSIP Client Services Group
1-888-535-0120

MAIL TO: MOSIP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108

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