



New Investor Application

Questions? Call 1-877-696-6747

Instructions: Complete this application to become a new Investor in the **Missouri Securities Investment Program (MOSIP)**. This application must be included with all other required documentation and certifications in order to be accepted and processed by the MOSIP Client Services Group. Please fax or mail this completed application to your Account representative at the fax number or address listed at the bottom of this application.

INVESTOR INFORMATION: *(All fields in this section must contain Investor information ONLY.)*

Investor Name: _____
(Name to appear on Program records)

Legal Name: _____
(Name as filed with the IRS, if different from above)

Street Address: _____
Street Address (A P.O. Box is not acceptable)

City _____ **State** _____ **Zip** _____

Mailing Address: _____
Mailing Address (If different from Street Address)

City _____ **State** _____ **Zip** _____

Phone #: _____

Fax #: _____

Fiscal Year End: _____
(Month and Day)

Entity Type: _____
(City, County, School District, etc.)

TAX IDENTIFICATION NUMBER (TIN):

Note: If the information required by this section is not provided, the current IRS Backup Withholding Rate of taxable dividends, capital gains and proceeds of redemptions and exchanges will be imposed under federal tax regulations.

TIN : _____ **Form of Organization:** _____
(Taxpayer Identification Number) (e.g., 501(c)(3) organization, C corporation, limited liability company, etc.)

Tax Status: I have not been notified by the IRS that I am currently subject to Backup Withholding.
I am an exempt recipient.
I am neither a citizen nor a resident of the United States.

INVESTOR CERTIFICATION: *(A representative of the Investor should read, complete, sign and date this section.)*

- I. It is hereby certified that the Entity named above adopted the attached **Ordinance/Resolution** at a duly convened meeting of the governing body of the Entity held on the _____ day of _____, 20____, and that such resolution or ordinance is in full force and effect on the date of this application, and that such resolution or ordinance has not been modified, amended or rescinded since its adoption. (Please attach the Ordinance/Resolution to this document.)
- II. It is hereby certified that the Entity has received a copy of the **Information Statement** of the Program and the **Intergovernmental Cooperation Agreement** of the Program and agrees to be bound by the terms of such documents.
- III. The information, authorizations, resolutions and certifications set forth in this New Investor Application shall remain in full force and effect until the Program receives written notification of a change.

Authorized Signature Date

Print or Type Name of Authorized Signatory Title/Position

REQUIRED DOCUMENTATION: *(Please include the following documents with this application.)*

- W-9 (Name on W-9 must match IRS records)
- Ordinance/Resolution

TRUST USE ONLY: *(Please fax or mail this document to your Account representative for their signature below.)*

MOSIP Representative 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	FAX TO:	MOSIP Client Services Group	MAIL TO:	MOSIP Client Services Group
<i>Existing Connect</i>	Click Secure Contact	1-888-535-0120		P.O. Box 11760	
<i>Users Only</i>	Select file to upload - Send message			Harrisburg, PA 17108	

PROGRAM USE ONLY	
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Processed	
Confirmed	