

The following instructions are a guide to help you add shares to your existing Florida Trust Day to Day Fund. If you have questions about purchasing additional shares, please contact our Shareholder Services Department at 877.558.5008.

**I. General Information**

1. Name of Applicant: \_\_\_\_\_
2. Account Name: \_\_\_\_\_
3. Tax Identification Number: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  

Street	City	State	Zip
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5. Contact Information: \_\_\_\_\_  

Name	Title	
Phone Number	Fax Number	Email

  

Name	Title	
Phone Number	Fax Number	Email

**II. Purchase Shares by Automatic Investment Plan**

This option allows you to execute automatic monthly or quarterly transactions with your Florida Trust Day to Day Fund account. If you would like to add an Automatic Investment Plan to your account you must either have existing bank information on the account or complete section III. Once completed please sign in section IV and mail to Florida Trust c/o Trust Services Department 3544 Maclay Boulevard Tallahassee, Florida 32312. If you would like to fax the form, please fax to 850.205.8262. **If form is faxed, please follow up with the signed original form by mail.**

1. Amount: \$ \_\_\_\_\_
2. Begin Transaction (month, year) \_\_\_\_\_
3. Enter day of month for the AIP to draw (must be between the 1<sup>st</sup> and 28<sup>th</sup>)\*: \_\_\_\_\_

\* Choose one:  Monthly or  Quarterly

*\*If no time frame or date is specified, investments will be made monthly on the 15<sup>th</sup> or first business day thereafter. Your first automatic investment will occur no sooner than 15 days after receipt of this form.*

**III. Depository Information**

Please complete this section if you would like the ability to add to your account electronically or have redemption proceeds sent to your bank electronically. This information must be received at least 14 days prior to your initial transaction to establish and confirm your bank information. If possible, please attach a voided, unsigned check or deposit slip for this bank account. If information on voided check differs from information on this application, the information from the voided check will be used. An updated application will be required when adding or **changing depository or authorized signer information after your account has been established.**

1. Bank Name: \_\_\_\_\_
2. Bank Address: \_\_\_\_\_  

Street
City
State
Zip
3. Bank Account Name: \_\_\_\_\_
4. Bank Account Number: \_\_\_\_\_
5. Bank ABA Number (9 digits): \_\_\_\_\_

This is a:  **Checking Account** or  **Savings Account**

*\*For any banking information inquiries including wiring instructions please contact the Florida Trust staff directly at 850.577.4521 or email Bryant Gries at bgries@flclerks.com.*

**IV. Names, Titles and Signatures of Authorized Signers**

I (we) certify that I (we) am (are) the account owner(s) authorized to make these elections and that all information provided by me (us) is true and accurate. I (we) authorize the above changes to my (our) Florida Trust Day to Day Fund. I (we) am (are) of legal age, have received and read the Declaration and Agreement of Trust and agree to the terms therein.

Please have all authorized signers complete and sign the following:

Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature