



## Welcome to FLCLASS

Thank you for choosing FLCLASS!

We believe you have made a sound financial decision in choosing Florida Cooperative Liquid Assets Securities System (FLCLASS). We look forward to being your trusted partner to your organization and its investment management goals and are excited to connect with you to make your investment process a positive, easy experience.

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](mailto:clientservices@flclass.com).



## Registration Procedures

**To participate in FLCLASS, please complete the following:**

1. Review the Interlocal Agreement (accessible on [www.flclass.com](http://www.flclass.com)).
2. Complete and sign the Instrument of Adoption (page 3).

*Under Florida Statutes, Section 218.415, Florida governments have the power to invest in any intergovernmental investment pool authorized pursuant to the Florida Interlocal Cooperation Act, as provided in Section 163.01 of the Florida Statutes. The Instrument of Adoption must be signed by the finance director, treasurer, chief financial officer, or other local official who is properly authorized to invest public funds of your entity.*

3. Complete the Entity Registration (page 4).
4. Complete the Authorized Contacts Form (pages 5/6).
5. Complete the Accounts to be Established form; you may open as many accounts as you wish (page 7).
6. 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](mailto: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](mailto:clientservices@flclass.com)



## Instrument of Adoption

of that certain  
Interlocal Agreement for the  
Florida Cooperative Liquid Assets Securities System (FLCLASS)

This Instrument of Adoption (this Instrument) is executed as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by and on behalf of \_\_\_\_\_.

Reference is made to that certain Interlocal Agreement for the Florida Cooperative Liquid Assets Securities System, dated as of April 15, 2019, made by and among certain Initial Participants (as defined therein) and such additional Participants who may have heretofore and may hereafter join therein, and as may have been and may be modified or amended as provided therein (the Interlocal Agreement). Capitalized terms not defined in this Instrument shall have the meanings given in the Interlocal Agreement.

By executing this Instrument, the undersigned represents and warrants that (a) the undersigned is a Unit of Local Government as defined in the Interlocal Agreement; (b) the person executing this Instrument on behalf of the undersigned is an officer of the Unit of Local Government, authorized to execute this Instrument; (c) the undersigned has taken all required action to qualify as a Participant under the Interlocal Agreement, and (d) the undersigned is authorized to invest in FLCLASS pursuant to Section 163.01(17)(a), Florida Statutes with or without an adopted a written investment policy.

By executing this Instrument, the undersigned agrees that it will be bound by all terms and conditions of the Interlocal Agreement, as amended from time to time.

IN WITNESS WHEREOF, the undersigned has executed this Instrument as of the day first above written.

Name of Public Agency \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signatory \_\_\_\_\_

Print Name \_\_\_\_\_



## 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



### Authorized Contacts

Authorized Signers Can:	Read-Only Users Can:
Approve changes to the Investor Profile Update banking/contact information Transfer funds 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

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Email

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

#### Email Notifications (notice of report availability in the online portal)

- Monthly Statements
- Transaction Confirmations

#### Additional Contact (Optional)

\_\_\_\_\_  
Print First and Last Name

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

- Permissions** (check only one)
- Authorized Signer to Move Funds\*
  - Read-Only Access

- Email Notifications** (notice of report availability in the online portal)
- Monthly Statements
  - Transaction Confirmations

#### Additional Contact (Optional)

\_\_\_\_\_  
Print First and Last Name

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

- Permissions** (check only one)
- Authorized Signer to Move Funds\*
  - Read-Only Access

- Email Notifications** (notice of report availability in the online portal)
- Monthly Statements
  - Transaction Confirmations



### Authorized Contacts (cont.)

#### Additional Contact (Optional)

Print First and Last Name

Title

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

Phone

Email

Fax

#### Permissions (check only one)

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

#### Email Notifications (notice of report availability in the online portal)

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#### Additional Contact (Optional)

Print First and Last Name

Title

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

Phone

Email

Fax

#### Permissions (check only one)

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