



New Account Application

Mail to: The Illinois Funds
400 W. Monroe St., Suite 401
Springfield, IL 62704

>> In compliance with the USA PATRIOT Act, all financial institutions are required to obtain, verify and record the following information for all registered owners or others who may be authorized to act on an account: **full name, Tax Identification number and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

1 Investor Information | Select one

If this Public Agency requires additional accounts please complete a separate application.

PUBLIC AGENCY

TAX IDENTIFICATION NUMBER

INVESTMENT ACCOUNT NAME

PRIMARY ACCOUNT AUTHORITY

2 Authorized Trader(s)

- Trading Authority: Provides authority to initiate transactions on the account.
- Maintenance Authority: Provides authority to make changes to the account, including bank and address changes.
- Inquire Only: Provides authority to obtain balance and transaction information by calling the Illinois Funds Toll Free line.

Authorized Trader #1 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

Authorized Trader #2 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

Authorized Trader #3 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

Authorized Trader #4 Authorization Level: Financial Trade Authority Maintenance Authority Inquiry

NAME

PHONE NUMBER

SIGNATURE

E-MAIL ADDRESS

3 Permanent Street Address

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

STREET		APT / SUITE	
CITY	STATE	ZIP CODE	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER	
E-MAIL ADDRESS			

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME			
NAME			
STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

Mailing Address* (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

* A P.O. Box may be used as the mailing address.

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME			
NAME			
STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

4 Investment and Distribution Options

By check: Make check payable to the Illinois Funds.

Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

By wire: Call 1-800-947-8479.

Note: A completed application is required in advance of a wire.

Investment Amount

\$

Mail to:

The Illinois Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

5 Automatic Investment Plan (AIP)

Your signed Application must be received at least 15 calendar days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account on file. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one): Monthly Quarterly Semi-Annually Annually

If no option is selected, the frequency will default to monthly.

AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
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Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

6 Systematic Withdrawal Plan (SWP)

Your signed Application must be received at least 15 calendar days prior to initial transaction.

Systematic Withdrawal Plan (SWP) – permits the automatic withdrawal of funds.

- Payments will be mailed to address in Section 3
- Payments will be deposited directly into your bank account.

We are unable to credit mutual fund or pass-through ("for further credit") accounts.

Make payments Monthly Quarterly Annually **starting with the month given here:**

AMOUNT PER DRAW

SWP START MONTH

SWP START DAY

7 Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, a systematic withdrawal plan, or cash distributions, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____ \$ _____	_____ DOLLARS
Memo _____	Signed _____
	
⑆ 23456789 ⑆ ⑆ 234567895678 ⑆	

To make purchases via ACH or to redeem your account via ACH or wire, please provide full bank account information as shown below. Any changes to wire instructions MAY require a signature guarantee, signature verification from a Signature Validation Program Member, or other acceptable form of signature authentication from a financial institution source.

For E-Pay participants only, please include Illinois National Bank information on this form.

BANK NAME

NAME(S) ON YOUR BANK ACCOUNT

FURTHER CREDIT NAME (if applicable)

BANK NAME

NAME(S) ON YOUR BANK ACCOUNT

FURTHER CREDIT NAME (if applicable)

BANK NAME

NAME(S) ON YOUR BANK ACCOUNT

FURTHER CREDIT NAME (if applicable)

BANK ABA NUMBER

BANK ACCOUNT NUMBER

FURTHER CREDIT ACCOUNT NUMBER (if applicable)

BANK ABA NUMBER

BANK ACCOUNT NUMBER

FURTHER CREDIT ACCOUNT NUMBER (if applicable)

BANK ABA NUMBER

BANK ACCOUNT NUMBER

FURTHER CREDIT ACCOUNT NUMBER (if applicable)

8 Rapid Revenue Program – Information for State Comptroller Purposes Only

I do not use the direct deposit program.

Participant hereby requests Direct Deposit of the following State of Illinois distributive funds:

Dept. of Revenue: Income Tax

- Sales Tax
- Personal Property Tax
- Gaming Funds

Dept. of Transportation:

- Motor Fuel Tax

Dept. of Aging:

- AAA Payment

State Board of Education:

- All School Payment

Illinois Community College Board:

- Funds

Illinois Student Assistance Commission:

Secretary of State:

- Library/Library Systems

Dept. of Public Aid:

Imprest Funds:

State Universities:

Dept. of Veterans' Affairs:

Other:

Other:

Other:

9 Signature and Certification Required by the Internal Revenue Service

✓ The Public Agency listed above, ("Participant"), seeks to participate in the Money Market Fund within The Illinois Funds, established pursuant to Section 17 of the State Treasurer Act (15 ILCS 505/17), which authorizes the Treasurer to establish a Public Treasurers' Investment Pool. Participant accepts the terms and conditions of the administration of The Illinois Funds as outlined by the State Treasurer with the understanding that there will be no changes to this agreement and the information contained herein without prior written notice. The undersigned certifies that he/she has been authorized by Participant's governing body or by statutory authority to execute this Application and Agreement on behalf of the Participant.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing Sections 5 or 6, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank NA, on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

✓ **Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)**

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PRIMARY ACCOUNT AUTHORITY

DATE (MM/DD/YYYY)

! Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Tax ID Number in Section 1?
 - Full Name in Section 1?
 - Permanent street address in Section 3?
- Enclosed your personal check made payable to The Illinois Funds?
- Included a voided check, if applicable?
- Signed your application in Section 9?
- Enclosed additional documentation, if applicable?

**For additional information please call toll-free 1-800-346-7414
or visit us on the web at www.treasurer.il.gov/programs/illinois-funds/illinois-funds.aspx.**