



Governmental Shareholder Account Application

U.S. Mail:
FL-FIT
PO BOX 9691
TAMPA FL. 33674

For Questions or Assistance:
Please Call: 1-877-39-FL FIT (393-5348) or visit our website at www.fl-fit.com

This form must be completed and signed in order to establish an account with FL-FIT. If you have any questions regarding this application or how to invest, please call Shareholder Services toll free at the above-referenced number. Thank you.

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) 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, date of birth, Social Security number and permanent street address. Corporate, trusts 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 verifications 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 INVESTMENT INFORMATION

Minimum Investment of \$100,000.00. Please make wire payable to "FL-FIT". Please indicate in which pools you are interested.

Preferred Deposit Pool

Cash Pool

Enhanced Cash Pool

1 – 3 Year Pool

All Pools

2 INFORMATION ABOUT YOUR ACCOUNT

Name of Entity: _____ Address: _____

EIN: _____

County of Tax Residency: _____

Phone Number/ Email: _____

Authorized Trader(s) Name(s)*: _____ Email: _____

_____ Email: _____

(*Please enclose copies of any corporate/ governmental information which authorizes and identifies individuals to conduct transactions on this account. Authorized traders will have an online account created which will allow them to make trades for both purchase and redemption.)

3 REDEMPTION TRANSACTIONS

All Dividends are reinvested. Please indicate to which account you would like your redemption transactions to be directed below.

Name of Bank: _____ ABA Number: _____

Registration of Account: _____

Account Number: _____ Checking or Savings

Bank Address: _____

4 DUPLICATE ACCOUNT STATEMENTS (optional)

Please send a duplicate account statement to the party below: (If more than one duplicate desired, then attach additional names and addresses)

Name/Relationship to Investor: _____ Phone Number: _____

Address: _____ Email: _____

5 SIGNATURE(S)

Signature (Owner, Trustee, Etc.) _____

Taxpayer ID Number: _____ Date: _____