



## **Exhibit D – Participation Certificate**

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The undersigned \_\_\_\_\_ does hereby request that it be admitted as a Participant to the New Hampshire Public Deposit Investment Pool (the "Pool") pursuant to Section 2.3 of the Investment Management and Custodial Agreement (the "Agreement") dated as of April 1, 1993 by and between the State of New Hampshire Bank Commissioner and Advisory Committee, Bank of America, as Custodian, Cutwater Investor Services Corp. and the Participants. By executing and delivering this Participation Certificate, the undersigned agrees that it will become a party to the Agreement, subject to and bound by the obligations and liabilities set forth in the Agreement, including, without limitation, those set forth in Sections 4.8 and 5.6 thereof, and shall have the rights set forth in the Agreement.

The undersigned hereby certifies that \_\_\_\_\_ is the duly designated Representative of the undersigned, as required by Section 3.1 of the Agreement.

The undersigned hereby certifies that it has taken all necessary action and has received all necessary consents to participate in the Pool, to subject the funds placed by it into the Pool to the terms of the Agreement and to bind itself to the terms of the Agreement.

PARTICIPATION EXECUTION DATE

\_\_\_\_\_

*Date*

By: \_\_\_\_\_

*Signature*

Name: \_\_\_\_\_

Title: \_\_\_\_\_



## Registration Form

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If you have any questions, call Client Services at 800-395-5505.

Tax Identification Number (9 Digits): \_\_\_\_\_

Year End: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Public Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Other Phone/Fax Numbers such as home or cell (optional):  
\_\_\_\_\_

Other Information or Comments you wish to provide (optional):



## PDIP Accounts to be Established

(There is no limit to how many subaccounts you may have.)

**Name of Public Entity:** \_\_\_\_\_

**PDIP Sub-Account Name:**

**PDIP Account Number:**

*(to be assigned by Cutwater)*

\_\_\_\_\_

NH-01- \_\_\_\_\_

\_\_\_\_\_

NH-01- \_\_\_\_\_

\_\_\_\_\_

NH-01- \_\_\_\_\_

\_\_\_\_\_

NH-01- \_\_\_\_\_

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NH-01- \_\_\_\_\_

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NH-01- \_\_\_\_\_

\_\_\_\_\_

NH-01- \_\_\_\_\_

\_\_\_\_\_

NH-01- \_\_\_\_\_

Accounts authorized by:

By: \_\_\_\_\_  
*Signature*

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## Authorized Signatories

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Name of Public Entity: \_\_\_\_\_ Date: \_\_\_\_\_

**The following individuals are authorized signatories for the above named public entity:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Will this person receive the monthly statements and transaction confirmations?    Yes    No

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Will this person receive the monthly statements and transaction confirmations?    Yes    No

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Key Contact to receive program correspondence and official notices (does not have to be a signer on the account, i.e., could be an Administrative Assistant):

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signatures authorized/verified by:\*

\_\_\_\_\_

*Signature*

*Title*

*\*The person authorizing/verifying the signer(s) to the NHPDIP account should be able to verify the signers and their positions and is not himself/herself a signer on this account. For example, Cities and Towns should have the City/Town Clerk sign above.*





## Bank Wire Instructions

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|                             |                                    |
|-----------------------------|------------------------------------|
| <b>Bank Name:</b>           | Bank of America                    |
| <b>ABA #:</b>               | 026009593                          |
| <b>Wire Account Number:</b> | 000180019810                       |
| <b>Wire Account Name:</b>   | Trust Dept. TX Funds Transfer/Wire |
| <b>Reference:</b>           | 51162008503760 New Hampshire PDIP  |
| <b>Attention:</b>           | Marilyn Iapicca 617-434-7611       |

**Bank Address:** Bank of America  
Investment Services Group  
Attn: Marilyn Iapicca  
Mail Code: MA5-100-17-06  
100 Federal Street, 17th Floor  
Boston, MA 02110



## Wire Transfer Contribution Form

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Today's Date: \_\_\_\_\_

Transaction #: \_\_\_\_\_  
*(for Cutwater use)*

Transaction Date: \_\_\_\_\_

**Fax this form to Cutwater Asset Management (1-800-765-7600) on the Transaction Date**  
**If you need assistance completing this form or would like a PIN**  
**to process the transaction online, Call Client Services at 1-800-395-5505.**

**We have Instructed our Bank to Wire Funds to:**

**Bank Name:** Bank of America

**ABA #:** 026009593

**Wire Account Number:** 000180019810

**Wire Account Name:** Trust Dept. TX Funds Transfer/Wire

**Reference:** 51162008503760 New Hampshire PDIP

**Attention:** Marilyn Iapicca 617-434-7611

**Bank Address:** Bank of America  
Investment Services Group  
Attn: Marilyn Iapicca  
Mail Code: MA5-100-17-06  
100 Federal Street, 17th Floor  
Boston, MA 02110

**Below is our information so these funds can be credited to our PDIP account:**

Name of Public Entity \_\_\_\_\_

Name of Banking Institution \_\_\_\_\_

Bank Account # \_\_\_\_\_

Amount of Contribution \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Name of PDIP Account \_\_\_\_\_

PDIP Account # NH-01- \_\_\_\_\_

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

**For Cutwater Use:**

Cutwater Confirmation Signature \_\_\_\_\_



## ACH Contribution Form

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Today's Date: \_\_\_\_\_

Transaction #: \_\_\_\_\_  
*(for Cutwater use)*

Transaction Date: \_\_\_\_\_

**Fax this form to Cutwater Asset Management (1-800-765-7600) on the Date Initiated**

Use this form to notify Cutwater Asset Management of Contribution before 11:00 A.M. for transfer via the ACH system. Funds will be credited the business day following the date initiated.

**Below is our information so these funds can be credited to our PDIP account:**

Name of Public Entity \_\_\_\_\_

Name of Banking Institution \_\_\_\_\_

Bank Account # \_\_\_\_\_

Amount of Contribution \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Name of PDIP Account \_\_\_\_\_

PDIP Account # NH-01- \_\_\_\_\_

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

**For Cutwater Use:**

Cutwater Confirmation Signature \_\_\_\_\_



## Wire Transfer Withdrawal Form

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Today's Date: \_\_\_\_\_

Transaction #: \_\_\_\_\_  
*(for Cutwater use)*

Transaction Date: \_\_\_\_\_

**Fax this form to Cutwater Asset Management (1-800-765-7600) on the Transaction Date.**  
**If you need assistance completing this form or would like a PIN**  
**to process the transaction online, Contact Client Services at 1-800-395-5505**

Name of Public Entity \_\_\_\_\_

Name of Banking Institution \_\_\_\_\_

Bank Account # \_\_\_\_\_

Amount of Withdrawal \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Name of PDIP Account \_\_\_\_\_

PDIP Account # NH-01- \_\_\_\_\_

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

**For Cutwater Use:**

Verification of Funds Availability \_\_\_\_\_

**For Cutwater Use:**

Cutwater Confirmation Signature \_\_\_\_\_



## ACH Withdrawal Form

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Today's Date: \_\_\_\_\_

Transaction #: \_\_\_\_\_  
(for Cutwater use)

Transaction Date: \_\_\_\_\_

**Fax this form to Cutwater Asset Management (1-800-765-7600) on the Date Initiated**

Use this form to notify Cutwater Asset Management of Withdrawal before 11:00 A.M. for transfer via the ACH system. Funds are available the business day following the date initiated.

Name of Public Entity \_\_\_\_\_

Name of Banking Institution \_\_\_\_\_

Bank Account # \_\_\_\_\_

Amount of Withdrawal \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Name of PDIP Account \_\_\_\_\_

PDIP Account # NH-01- \_\_\_\_\_

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

**For Cutwater Use:**

Verification of Funds Availability \_\_\_\_\_

**For Cutwater Use:**

Cutwater Confirmation Signature \_\_\_\_\_