

Instructions: The Participation Certificate should be completed by and is required for new Investors only. This document should be complete in addition to the *NHPDIP New Investor Application*. Once completed, please fax or mail this document to your NHPDIP representative at the fax number or address listed at the bottom of this page.

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 3.3 of the Cooperation and Management Agreement dated as of August 3, 2015, as amended (the "Agreement") by and between the State of New Hampshire Bank Commissioner 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 5.8 and 6.3 thereof, and shall have the rights set forth in the Agreement.

The undersigned (this requires an authorized person of the Participant to (i) sign the Certificate and (ii) designate the Representative of the Participant) hereby certifies that _____ is the duly designated Representative of the undersigned, as required by 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.

The undersigned hereby represents that he/she has received and read the Pool's current Information Statement. The establishment of an account is subject to acceptance by the Pool and is subject to the conditions under "HOW TO BUY AND REDEEM SHARES OF THE POOL" and other provisions contained in the Information Statement.

Under penalty of perjury, the undersigned certifies that the tax identification number provided for the Participant is true, correct and complete.

The information, authorizations, and certifications set forth in or attached to this New Investor Application shall remain in full force and effect until the Pool receives written notification of change.

Representative of the Participant

Signature

Title

Date

Participant Name

By: _____

Name & Title

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: NHPDIP Client Services Group
1-888-535-0120

MAIL TO: NHPDIP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760