North Carolina CLASS

North Carolina CLASS Participation Packet

Welcome to North Carolina CLASS

Thank you for choosing North Carolina CLASS!

This packet contains all the materials necessary to set up your North Carolina CLASS account(s). If you have any questions about the registration process or about your North Carolina CLASS account(s), please do not hesitate to contact us. The North Carolina CLASS Client Service team can be reached any business day from 8:00 a.m. to 5:00 p.m. ET by phone at (866) 200-3536 or by email at clientservices@ncclass.com.

Participation Procedures

To join North Carolina CLASS, please complete the following:

1. Read the North Carolina CLASS Interlocal Agreement, Indenture of Trust, and the applicable Information Statement located at www.ncclass.com.

2. Complete the Participant Certification (page 4).

3. Complete the Entity Participation Form attached as Appendix A hereto.

4. Complete the Participant Contact Information Form attached as Appendix B hereto. North Carolina CLASS recommends having multiple authorized signers to help prevent fraud.

5. Complete the Accounts to be Established Form attached as Appendix C hereto. Participants may open as many accounts as needed.

If you have questions, please contact our team at:

North Carolina Client Service Team
T: (866) 200-3536
Email: clientservices@nccclass.com

Through the North Carolina CLASS website, www.ncclass.com, Participants will be regularly informed of important program information, holidays, upcoming meetings of the Board of Trustees, Participant events, conferences, and more. Board of Trustee meetings, which are open to the public, are generally held quarterly and discuss relevant issues to the governance and operations of the North Carolina CLASS program.

Participant Certification

Participant Information

Entity Name (Participant) ______________________________

Participant Representations

The undersigned Finance Director/Director of Finance/Chief Financial Officer (as applicable) (the "Authorized Representative") for the Participant hereby represents and warrants the following regarding their investment in the North Carolina CLASS Investment Program:

- The Authorized Representative for the Participant designated in this North Carolina CLASS Registration Packet has full power and authority to make investments for the above Participant in the North Carolina CLASS Investment Program and remains responsible for the management, supervision, and investment of the locality's idle funds.
- The Participant has reviewed the Interlocal Agreement, Indenture of Trust, and Information Statement.
- The Participant has reviewed the Investment Policy for North Carolina CLASS and has determined that it is consistent with the legal and policy limitations applicable to the Participant's investments, and they are authorized to invest in the North Carolina CLASS.
- The Participant represents that participation in North Carolina CLASS does not result in a breach of the terms, conditions, and provisions of any agreement or instrument to which the Participant is now a party, or by which it is bound, and does not constitute a default under any of the foregoing.
- Participation in the investment pool does not require the approval of any regulatory body or any other entity for which the approval has not already been obtained.

Authorized Representative

Signature ______________________________	Date ______________________________
Print Name ______________________________	Title ______________________________

Appendix A: Entity Participation Form

Entity Name (Participant) ______________________________

Entity Type: ☐ City/Town ☐ County ☐ 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) ______________

North Carolina CLASS and its transfer agent and administrator are authorized by the Participant to act on any instructions believed to be genuine for any service authorized on this form. To the extent permitted by law, the Participant agrees that North Carolina CLASS, its transfer agent, and administrator, Public Trust Advisors LLC, and their respective officers, directors, affiliates, representatives, employees and agents (each an "Indemnified Party") will not be liable for any losses, claims, expenses and liabilities (collectively, the "Losses") that result from accepting such instructions, and agrees to indemnify and hold harmless each Indemnified Party from and against any and all Losses arising from or resulting from such reliance on, or acceptance of, such instructions. Withdrawal proceeds can be sent only to the bank(s) indicated below unless otherwise amended in the North Carolina CLASS Online Transaction Portal. Each Participant is responsible for notifying North Carolina CLASS of any changes to its account(s).

Wires will be distributed every hour with the final distribution ending at 12:00 p.m. ET; distribution times are subject to change as needed by the North Carolina CLASS Administrator. Additionally, North Carolina CLASS must be notified of any contributions by 12:00 p.m. ET to receive same day credit. **If funds are not received by 5:00 p.m. ET, contribution orders will be voided.**

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

*If there will only be one Authorized Signer on the North Carolina account, bank contact must be provided to verify bank account information

Appendix B: Participant Contact Information Form[1]

Authorized Signers Can	Read-Only Users Can
Approve changes to the Investor Profile	Receive account updates
Update banking/contact information	Request "view-only" access to monthly statements and transaction confirmations
Process Transactions	View banking/contact information
Receive account updates	

Key Authorized Representative[2] and Authorized Signer

Print First and Last Name

Title

Signature Required

Phone (Required)[3]

Extension

Email (Required)

Mobile[3]

Additional Contact (Optional) – North Carolina CLASS strongly advises each participant to have multiple authorized signers to help prevent fraud

Print First and Last Name

Title

(Signature Required if Authorized Signer)

Phone (Required)[3]

Extension

Email (Required)

Mobile[3]

Permissions (check only one)

☐ Authorized Signer to Move Funds

☐ Read-Only Access

[1] All contacts listed on an account will receive email notifications when transaction confirmation documents and monthly statements are available for download in the online portal.

[2] The Key Authorized Representative on an account is the main point of contact for an entity. They receive voting credentials for Board of Trustee elections and all other important communications.

[3] A phone number that you can be reached at directly is required to receive the multi-factor authentication code via phone call. Mobile numbers can receive the code via phone call or text.

Appendix B: Participant Contact Information Form (Cont.)[1]

Additional Contact (Optional)

Print First and Last Name | Title

(Signature Required if Authorized Signer) | Phone (Required)[2] | Extension

Email (Required) | Mobile[2]

Permissions (check only one)

☐ Authorized Signer to Move Funds
☐ Read-Only Access

Additional Contact (Optional)

Print First and Last Name | Title

(Signature Required if Authorized Signer) | Phone (Required)[2] | Extension

Email (Required) | Mobile[2]

Permissions (check only one)

☐ Authorized Signer to Move Funds
☐ Read-Only Access

Additional Contact (Optional)

Print First and Last Name | Title

(Signature Required if Authorized Signer) | Phone (Required)[2] | Extension

Email (Required) | Mobile[2]

Permissions (check only one)

☐ Authorized Signer to Move Funds
☐ Read-Only Access

[1] All contacts listed on an account will receive email notifications when transaction confirmation documents and monthly statements are available for download in the online portal.

[2] phone number that you can be reached at directly is required to receive the multi-factor authentication code via phone call. Mobile numbers can receive the code via phone call or text.

Appendix C: Accounts to be Established

Entity Name:____

Desired Subaccount Name(s)* i.e. General Fund, etc.:

(To be completed by Participant)

Note: At least one Subaccount is required

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*Name must be limited to 35 characters.

Once your North Carolina CLASS account has been established, you will receive a confirmation email with your login credentials from no-reply@ncclass.com. If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before contacting the North Carolina CLASS Client Service team.

Dual Authorization Form (Optional)

Entity Name: ____

Please utilize this form to request dual authorization capabilities on your North Carolina CLASS account. Dual authorization ensures that any transaction entered via the North Carolina CLASS online transaction portal requires approval from a second Authorized Signer in order to be processed (internal transfers between subaccounts do not require dual authorization). **Note**: All Authorized Signers listed on the account can enter transactions and approve them (not just the users below).

Request to Add Dual Authorization

Dual authorization is hereby approved for ______________________________ (Entity Name) by the Authorized Signer below. By approving dual authorization, the Authorized Signer acknowledges that transactions not approved by the 12:00 p.m. ET cutoff will not be processed. Please ensure transactions are entered in a timely manner and that other authorized signers are available to approve the transactions for processing.

Authorized Signer's Signature	Date
Printed Name	Title