

INSTITUTIONAL MONEY MARKET FUND
SUPPLEMENTAL APPLICATION FORM



Complete the following information for each additional Institutional Money Market Fund account to be opened.

Name of Educational Institution _____

Federal Identification Number _____

Name to appear on Account (e.g. General Fund, etc.) _____

Name and Address of Local Depository for funds transfer _____

Local Depository Account Number _____ checking savings
(For your protection, only one depository account may be accessed per account)

Depository's ABA Routing Number _____
(This number can be obtained from the bottom of a blank check or by calling depository)

Name to appear on Account (e.g. General Fund, etc.) _____

Name and Address of Local Depository for funds transfer _____

Local Depository Account Number _____ checking savings
(For your protection, only one depository account may be accessed per account)

Depository's ABA Routing Number _____
(This number can be obtained from the bottom of a blank check or by calling depository)

Name to appear on Account (e.g. General Fund, etc.) _____

Name and Address of Local Depository for funds transfer _____

Local Depository Account Number _____ checking savings
(For your protection, only one depository account may be accessed per account)

Depository's ABA Routing Number _____
(This number can be obtained from the bottom of a blank check or by calling depository)

Signature of
Authorized Official _____

Signature of
Authorized Official _____

***Two Signatures Required**