



# SIGNATURE CARD

Account #:

(For internal use only)

Local Government Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: IN Zip Code: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## AUTHORIZED REPRESENTATIVES

	REP #1	REP #2	REP #3
Name:	_____	_____	_____
Title:	_____	_____	_____
Signature:	_____	_____	_____
Email:	_____	_____	_____
Password:	_____	_____	_____

*Send Account Statements to:* \_\_\_\_\_

## WIRE INSTRUCTIONS

### PARTICIPANTS' BANK INSTRUCTIONS:

#### FED WIRE

Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ABA#: \_\_\_\_\_  
 Account #: \_\_\_\_\_

#### ACH INSTRUCTIONS (Pull Only)

Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ABA#: \_\_\_\_\_  
 Account #: \_\_\_\_\_

### WIRE INSTRUCTIONS TO HOOSIERFUND:

Bank Name: US Bank Address: Milwaukee, WI  
 ABA#: 0750-00022 Account #: 112-952-305

For Further Credit: HoosierFund – (Participants Account #)

### SIGNATURES/AUTHORIZATION:

**AUTHORIZATION:** This agreement authorizes the HoosierFund to transfer the proceeds of any redemption of the Participant's shares in the HoosierFund when telephoned, oral, electronic or written requests are received by the HoosierFund from anyone of the Authorized Representatives names listed above by transferring such proceeds in accordance with the Participants Standard Bank Instructions listed above (or additional accounts as denoted on an attached sheet) in the accordance with such requests.

**TERMINATION:** This Agreement and the authorizations contained therein will remain effective, commencing on the date as set forth below, until the HoosierFund receives written notice of termination. The Participant is required to notify the HoosierFund of any changes to either the authorized representatives list or the wiring instructions.

#### HoosierFund

#### Participant

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

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

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

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

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

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