

State Treasury Asset Reserve New Application Form



Mail checks to: STAR Ohio
PO Box 46794
Cincinnati, OH 45246

Fax application to: 614-923-1149

Mail application to: STAR Ohio
PO Box 7177
Dublin, OH 43017

Email application to: info@starohio.com

All accounts must be opened in the name of the political subdivision or the State and executed by an officer thereof.

If you need assistance in filling out this form, representatives are available toll-free: 1-800-648-STAR (7827)

Make all checks payable to: STAR Ohio

I. ACCOUNT REGISTRATION The account should be registered as follows:

Name of Subdivision _____

Title of Account _____

Type of Subdivision _____

Attention Of _____

Fed. ID# of Subdivision _____

Mailing Address _____

County _____

Email _____

Telephone _____

Fax (if any) _____

II. **WIRE REDEMPTION**—See booklet for explanation. If this procedure is elected, redemption proceeds may be sent only to the commercial bank listed below, for credit to your account. The participant hereby authorizes STAR Ohio to honor telephonic or written instruction, without a signature guarantee, for withdrawal requests received by STAR Ohio from the participant and believed by STAR Ohio to be genuine. STAR Ohio's Records of such instructions will be binding.

Check box if desired

Please note: ABA/Routing numbers may vary depending on transaction type. Please verify information below with your bank before submitting.

Name of Commercial Bank- _____ ABA/Routing Number _____ Account Number _____

Address of Bank _____ City _____ State _____ Zip Code _____

ACH REDEMPTION—See booklet for explanation. If this procedure is elected, redemption proceeds may be sent only to the commercial bank listed below, for credit to your account. The participant hereby authorizes STAR Ohio to honor telephonic or written instruction, without a signature guarantee, for withdrawal requests received by STAR Ohio from the participant and believed by STAR Ohio to be genuine. STAR Ohio's Records of such instructions will be binding.

Check box if desired

Please note: ABA/Routing numbers may vary depending on transaction type. Please verify information below with your bank before submitting.

Name of Commercial Bank- _____ ABA/Routing Number _____ Account Number _____

Address of Bank _____ City _____ State _____ Zip Code _____

II.
Check box
if desired

CHECK-WRITING REDEMPTION PROCEDURE—See booklet for explanation. We hereby request Huntington National Bank to honor checks drawn by us on the account indicated above subject to acceptance by STAR Ohio, with payment therefore to be made by withdrawing from our account without a signature guarantee. Huntington National Bank does hereby reserve all their lawful rights for honoring checks drawn by us and for effecting redemptions pursuant to the Check Writing Redemption Procedure. We understand that this election does not create a checking or other bank account relationship between ourselves and Huntington National Bank or STAR Ohio and that the relationship between us and Huntington National Bank is that of participant-transfer agent. If the box is checked STAR Ohio will notify participants as to the additional documentation needed to receive the Check Writing Redemption Procedure.

III. SIGNATURE— By the execution of this Application, the undersigned represents and warrants that the participant has full right, power and authority, to make the investment applied for pursuant to this Application, and the person or persons, if any, signing on behalf of the participant represent and warrant that they are duly authorized to sign this Application and to purchase or redeem investments in STAR Ohio on behalf of the participant.

The undersigned further acknowledges that I/we have received and reviewed the Informational Booklet describing STAR Ohio, prepared by the State Treasurer’s Office and incorporated herein by reference, and I/we have been afforded the opportunity to discuss STAR Ohio, the Informational Booklet and this Application with Public Funds Administrators, the Co-Administrator of STAR Ohio, and that I/we have received such advice, legal and otherwise, as I/we have deemed necessary, to make this application and to comprehend fully the information set forth in the Informational Booklet and this Application. The undersigned appoints Huntington National Bank as agent of the participant to receive interest and distributions for their automatic reinvestment.

Check box
if desired

I would like to receive electronic statements only.

Name of Participant Subdivision

Title of Account

Date

Authorized Officer of Subdivision

Signature

Title

Date

Authorized Officer of Subdivision

Signature

Title

STAR Ohio / STAR Plus Authorized Signers Certification

Account # _____

Federal ID# _____

Effective Date: _____

The following named persons are currently officers or other authorized signatories of the participant, and any one of them ("Authorized Person(s)") is/are currently authorized to act with full power to invest or redeem investments in STAR Ohio and/or STAR Plus for the participant and to execute and deliver any instrument necessary to effectuate the authority hereby conferred:

Name (printed)	Signature	Title	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Service Providers may, without inquiry, act only upon the instruction of ANY PERSON(S) purporting to be (an) Authorized Person(s) as named in the Certification form last received by Service Providers. Service Providers shall not be liable for any claims expenses (including legal fees), or losses resulting from Service Providers having acted upon any instruction reasonably believed genuine.

Online access. STAR Ohio and STAR Plus offer online access to your accounts. Users that require online access will receive separate emails with a secure password and instructions on logging in to your accounts. The STAR Ohio username is first initial, last name in all capital letters. The STAR Plus username is the email address provided for each user below. (Please note: Only authorized signers can have Full Access to online accounts) Please provide the following information to obtain online access to your STAR Ohio and STAR Plus accounts.

_____	_____	<input type="checkbox"/> Full Access	<input type="checkbox"/> View Only
Name (printed)	Email		
_____	_____	<input type="checkbox"/> Full Access	<input type="checkbox"/> View Only
Name (printed)	Email		
_____	_____	<input type="checkbox"/> Full Access	<input type="checkbox"/> View Only
Name (printed)	Email		
_____	_____	<input type="checkbox"/> Full Access	<input type="checkbox"/> View Only
Name (printed)	Email		

By signing this document, I understand that this is the current and most up-to-date list of all authorized signers. This form will replace any previous documentation received regarding authorized signers for both STAR Ohio and STAR Plus. If your STAR Ohio and STAR Plus accounts should have different signers, contact Client Services at 800-648-7827.

Name of Participant Subdivision and Title of Account: _____

The above referenced "Authorized Persons" subscribed and sworn their affiliation with named subdivision before me on this _____ day of _____, 20__ in the county of _____ State of Ohio.

(Seal)

Notary Public: _____

My commission expires: _____

NOTE. Retain a copy of this document for your records. The document is in full force and effect until another duly executed form is received by Public Funds Administrators.

Name of Certifying Officer of Subdivision

Signature

Title: _____

Address: _____

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Dublin, OH 43017

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