

State Treasury Asset Reserve New Trust Account Form



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

Fax form to: 614-923-1149

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

Email form 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. APPOINTMENT OF TRUSTEE— If you wish to authorize a bank, investment advisor, or trust company to purchase and redeem investments in STAR Ohio on your behalf, and to receive all communications from STAR Ohio on your behalf, complete this section. Any redemptions made by such party on your behalf will be made only to your account of record. Such party may not change your account of record.

Name of bank or trust company: _____ (“Trustee”)

Address: _____

Attention: _____
(Name of contact person) Email Address

Telephone _____ Fax (if any) _____

Email Address _____

The undersigned represents and warrants that the participant has full right, power and authority to, and hereby does, appoint the aforementioned Trustee as its agent for purposes of purchasing and redeeming investments in STAR Ohio and receiving all communications to the participant from STAR Ohio. The undersigned acknowledges that all communications by STAR Ohio to the participant will be made only to the Trustee, unless STAR Ohio is otherwise advised in writing by the participant.

Name of Participant

Address of Participant

Contact Person at Subdivision

Telephone Number of Participant

Date

Authorized Officer of the Subdivision

Signature

Title

The undersigned, being a duly authorized officer of the Trustee, hereby accepts the foregoing appointment and agrees to promptly provide to the participant, at the address shown in Section I hereof or such other address provided in writing by the participant, all communications from STAR Ohio received by the Trustee on behalf of the participant. The undersigned also represents and warrants that he/she has received and reviewed the Informational Booklet.

Date

Authorized Officer of the Trustee

Signature

Title