

# State Treasury Asset Reserve New Application Form



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

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](mailto:info@starohio.com)

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## I. Account Registration—The account should be registered as follows:

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Name of Subdivision

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Title of Account

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Type of Subdivision

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Attention of

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Fed. ID# of Subdivision

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Mailing Address

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County

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Email

---

Telephone

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Fax (if any)

CHECK BOX  
IF DESIRED

**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.

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

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Name of Commercial Bank

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ABA/Routing Number

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Account Number

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Address of Bank

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City

---

State

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Zip Code

CHECK BOX  
IF DESIRED

**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.

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

CHECK BOX  
IF DESIRED

**II. 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 for all accounts for this subdivision.

Name of Participant Subdivision	Title of Account		
Date	Authorized Officer of Subdivision	Signature	Title

# STAR Ohio 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 for the participant and to execute and deliver any instrument necessary to effectuate the authority hereby conferred:

Name (printed)	Email	Title	Telephone Number
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Name (printed)	Email	Title	Telephone Number
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Name (printed)	Email	Title	Telephone Number
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Name (printed)	Email	Title	Telephone Number
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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.

Please provide the following information to obtain online access to your STAR Ohio account. Users that require online access will receive a separate email with a secure password and instructions on logging in to your account. (Please note: Only authorized signers can have Full Access to accounts. Non-signers may be granted View Only online access.)

Name (printed)	Email	Full Access View Only
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Name (printed)	Email	Full Access View Only
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Name (printed)	Email	Full Access View Only
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Name (printed)	Email	Full Access View Only
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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 STAR Ohio.

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:

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

Fax to: 614-923-1149

Email to: [info@STAROhio.com](mailto:info@STAROhio.com)