

# State Treasury Asset Reserve New Trust Account Form



All accounts must be opened in the name of the political subdivision or the State and executed by an officer thereof. The Trust Account Form provides authorization by a political subdivision for the account to be opened in the name of the subdivision but managed by a bank or trust company. The sole authority on this account will be given to the bank or trust company as indicated.

Return completed application via

Email: [info@starohio.com](mailto:info@starohio.com)

Fax to: 614-923-1149

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

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

**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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Attention (Name of contact person) \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax (if any) \_\_\_\_\_

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 \_\_\_\_\_