



## South Dakota Public Funds Investment Trust

### Additional Account Authorization Form

I. Participant

Name of Participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Telephone/Fax Number: \_\_\_\_\_

Initial Amount to be ACH'd: \_\_\_\_\_

II. New Account Information

Authorization is hereby given to RBC Global Asset Management (U.S.) Inc., as Investment Advisor, to make depository changes to the following South Dakota Public Funds Investment Trust (FIT) account.

Name on Trust Account: \_\_\_\_\_

Name of Local Depository for Fund Transfers: \_\_\_\_\_

Address of Local Depository: \_\_\_\_\_

Local Depository Account number

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Local Depository's ABA Routing Number: \_\_\_\_\_

(This number can be obtained from bottom of blank check or by calling your depository.)

III. Authorized Official's Signature (Two signatures required)

1 \_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Typed

\_\_\_\_\_

Title

2 \_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Typed

\_\_\_\_\_

Title

Mail this completed form to:  
South Dakota Public Funds Investment Trust  
208 Island Drive  
Ft. Pierre, SD 57532

If you have questions, call a SD FIT  
Administrator at 866-314-0060.