



Welcome to COLOTRUST

We believe you have made a sound financial decision in choosing the Colorado Local Government Liquid Asset Trust (COLOTRUST) program. We look forward to being your trusted provider and are excited to connect with you to make your investment process a positive, easy experience.

COLOTRUST is a short-term, highly liquid investment program designed specifically for local government funds. It provides the opportunity to invest funds on a cooperative basis in short-term investments that are carefully selected to provide maximum safety and liquidity while generating a competitive yield.

This packet contains all the materials necessary to set up your COLOTRUST account(s). If you have any questions about the registration process or about your COLOTRUST account(s), please do not hesitate to contact us. The COLOTRUST Client Service team can be reached on any business day from 7:30 a.m. to 4:00 p.m. MST by phone at (877) 311-0219 or by email at clientservices@colotruster.com.

Thank you for choosing COLOTRUST!

Sincerely,

The COLOTRUST Board of Trustees



Registration Procedures

To join COLOTRUST, please complete the following:

- 1) Read the Indenture of Trust (you may access a copy from the Document Center on www.colotrust.com).
- 2) Pass a resolution authorizing participation in COLOTRUST (model resolution available on page 3).
- 3) Complete the Trust Registration (page 4).
- 4) Complete the Authorized Contacts Form (page 5/6).
- 5) Complete the Account to be Established Form; you may open as many accounts as you wish (page 7).
- 6) Keep the original forms for your records and send the completed packet to the COLOTRUST Client Service team by fax (877) 311-0220 or by email clientservices@colotrust.com.

Please contact us with questions; we would love to hear from you!

COLOTRUST Client Service Team
T (877) 311-0219
clientservices@colotrust.com



Model Resolution

A resolution authorizing _____ to join with other local governments as a Participant in the Colorado Local Government Liquid Asset Trust (the Trust) to pool funds for investment.

WHEREAS, pursuant to Part 7, Article 24 (C.R.S.), it is lawful for any local government to pool any moneys in its treasury that are not immediately required to be disbursed with the same such moneys in the treasury of any other local government in order to take advantage of short-term investments and maximize net interest earnings; and

WHEREAS, the Trust is a statutory trust formed under the laws of the state of Colorado in accordance with the provisions of Parts 6 and 7, Article 24 and Articles 10.5 and 47 of Title 11 of the Colorado Revised Statutes regarding the investing, pooling for investment, and protection of public funds; and

WHEREAS, _____ desires to become a Participant in the Trust.

NOW, THEREFORE, it is hereby RESOLVED as follows:

1. _____ hereby approves, adopts, and thereby joins as a Participant with other local governments pursuant to Part 7, Article 75, Title 24 of the Colorado Revised Statutes that certain Amended and Restated Indenture of Trust entitled the Colorado Liquid Government Asset Trust dated October 3, 2003, as amended from time to time, the terms of which are incorporated herein by this reference and a copy of which shall be filed with the minutes of the meeting at which this Resolution was adopted; and
2. The Designee and Authorized Signatories are those persons listed on the Trust Registration Form attached hereto and incorporated herein. The Authorized Signatories are authorized by the Participant to direct the investment of such Participants' investment funds.
3. The Designee and Authorized Signatories may be changed from time to time by written notice to COLOTRUST; and
4. The Trust has two investment portfolios: COLOTRUST PRIME which is comprised of U.S. Treasury securities and COLOTRUST PLUS+ which is comprised of U.S. Treasury securities, U.S. agency securities, and the highest rated commercial paper. The Designee is hereby authorized to invest in:

- COLOTRUST PRIME
- COLOTRUST PLUS+
- Both

The undersigned hereby certifies that _____ has enacted:

This Resolution, or

Another form of Resolution, a copy of which is enclosed and that such Resolution is a true and correct copy of the original which is in my possession.

Authorized Signature	Date	Printed Name
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Trust Registration

Local Government Name (Participant) _____

Mailing Address _____

City _____ Zip _____ County _____

Entity Type: City/Town County School District Special District
 Other (Specify) _____

Tax ID _____ Fiscal Year (Month/Day) _____

The Colorado Local Government Liquid Asset Trust is hereby authorized to honor any written, telephoned, faxed, or electronic request believed to be authentic for withdrawal of funds from the Trust. The withdrawal proceeds can be sent only to the commercial bank(s) indicated below unless changed by written instructions to the Trust. Each local government is responsible for notifying the Trust of any changes to its account(s).

Banking Information

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact _____ Contact's Phone Number _____

Additional Banking Information (Optional)

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact _____ Contact's Phone Number _____



Authorized Contacts

Designee Contact for Voting

Mr. Ms. _____
 Print First and Last Name Title

 *(Signature Required if Authorized Signer) Phone

 Email Fax

Permissions (must check one)

- Authorized Signer to Move Funds*
- Read-Only Access

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account

- Online User Access

Additional Contact

Mr. Ms. _____
 Print First and Last Name Title

 *(Signature Required if Authorized Signer) Phone

 Email Fax

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Authorized Contacts (cont.)

Additional Contact (Optional)

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 Print First and Last Name Title

 *(Signature Required if Authorized Signer) Phone

 Email Fax

Permissions (must check one)	Voting Contact	Email Notifications	Online Account
Authorized Signer to Move Funds*	Alternate Designee	Monthly Statement	Online User Access
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Authorized Signer to Move Funds*	Alternate Designee	Monthly Statement	Online User Access
Read-Only Access		Transaction Confirmations	



Accounts to be Established

Entity Name: _____

COLOTRUST PLUS+ Accounts

Desired Subaccount Name(s)*:
(To be completed by Participant)

COLOTRUST PRIME Accounts

Desired Subaccount Name(s)*:
(To be completed by Participant)

*Name must be limited to 30 characters.