



Registration Packet



Welcome to COLOTRUST

Thank you for choosing COLOTRUST!

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. MT by phone at (877) 311-0219 or by email at clientservices@colotrust.com.

COLOTRUST is not a bank. An investment in COLOTRUST is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although COLOTRUST PRIME and COLOTRUST PLUS+ seek to preserve the value of your investment at \$1.00 per share, they cannot guarantee it will do so. Please read the applicable COLOTRUST Information Statements carefully before making an investment decision. Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. Past performance is no guarantee of future results. Any financial and/or investment decision may incur losses.



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 PRIME and PLUS+ Accounts to be Established Form; you may open as many accounts as you wish (page 7).
- 6) Should you be interested in participating in COLOTRUST EDGE, complete the EDGE Participant Acknowledgement Form (page 8), and the EDGE Accounts to be Established Form; you may open as many accounts as you wish (page 9).
- 7) 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.

Questions? Please contact us; we would love to hear from you!

COLOTRUST Client Service Team

T (877) 311-0219

clientservices@colotrust.com

Through the COLOTRUST website, www.colotrust.com, Participants will be regularly informed of important program information, holidays, upcoming Board meetings, Participant events, conferences, and more. Board of Trustee meetings, which are open to the public, are generally held quarterly and discuss relevant issues to the governance and operations of the COLOTRUST program.



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 May 1, 2021 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 currently has three investment portfolios COLOTRUST PRIME, COLOTRUST PLUS+, and COLOTRUST EDGE. Prior to investing in any of the portfolios offered by the Trust, Participants are encouraged to review the COLOTRUST Information Statements and Investment Policies for each portfolio.
- 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



Trust Registration

Entity Information

Local Government Name (Participant) _____

Entity Type: City/Town County School District Special District

Other (Specify) _____

Mailing Address _____

City _____ Zip _____ County _____

Physical Address (if different than above) _____

City _____ Zip _____ County _____

Tax ID _____ Fiscal Year End Date (Month/Day) _____

I authorize COLOTRUST and its transfer agent and administrator to act on any instructions believed to be genuine for any service authorized on this form. I agree that COLOTRUST, its transfer agent, and administrator, Public Trust Advisors LLC, and their respective officers, directors, affiliates, representatives, employees and agents (each an "Indemnified Party") will not be liable for any losses, claims, expenses and liabilities (collectively, the "Losses") that result from accepting such instructions, and I agree to indemnify and hold harmless each Indemnified Party from and against any and all Losses arising from or resulting from such reliance on, or acceptance of, such instructions. Withdrawal proceeds can be sent only to the bank(s) indicated below unless changed by written instructions. Each local government is responsible for notifying the Trust of any changes to its account(s).

Wires will be distributed every hour with the final distribution ending at 11:00 a.m. MT; distribution times are subject to change as needed by the COLOTRUST Administrator. Additionally, COLOTRUST must be notified of any contributions by 11:00 a.m. MT to receive same day credit. **If funds are not received by 3:00 p.m. MT, contribution orders will be voided.**

Banking Information

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact* _____ Contact's Phone Number _____

Wire ACH Both

Additional Banking Information (Optional)

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact* _____ Contact's Phone Number _____

Wire ACH Both

*If there will only be one Authorized Signer on the COLOTRUST account, bank contact must be provided to verify bank account information



Authorized Contacts

Authorized Signers Can	Read-Only Users Can
Approve changes to the Investor Profile Update banking/contact information Process transactions Receive account updates	Receive account updates Request "view-only" access to monthly statements and transaction confirmations

Designee Contact for Voting

Print First and Last Name

Title

*(Signature Required if Authorized Signer)

Phone (Required)

Email (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Additional Contact (Optional) Note – COLOTRUST strongly advises each participant to have multiple authorized signers to help prevent fraud

Print First and Last Name

Title

*(Signature Required if Authorized Signer)

Phone (Required)

Email (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Voting Contact

Alternate Designee

Additional Contact (Optional)

Print First and Last Name

Title

*(Signature Required if Authorized Signer)

Phone (Required)

Email (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Voting Contact

Alternate Designee

*The designee contact on an account is the main point of contact for an entity. They receive voting credentials for Board of Trustee elections and all other important communications. Please note that a Designee is not required to be an authorized signer on the account.



Authorized Contacts (cont.)

Additional Contact (Optional)

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone (Required)

Email (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Voting Contact

Alternate Designee

Additional Contact (Optional)

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone (Required)

Email (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Voting Contact

Alternate Designee

Additional Contact (Optional)

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone (Required)

Email (Required)

Fax

Permissions (check only one)

Authorized Signer to Move Funds*

Read-Only Access

Voting Contact

Alternate Designee



PRIME and PLUS+ Accounts to be Established

Entity Name: _____

COLOTRUST PRIME Accounts

Desired Subaccount Name(s)* i.e. General, etc.:

(To be completed by Participant)

COLOTRUST PLUS+ Accounts

Desired Subaccount Name(s)* i.e. General, etc.:

(To be completed by Participant)

Note: At least one Subaccount is required for each pool the entity would like to invest in

*Name must be limited to 35 characters.

Once your COLOTRUST account(s) has been established, you will receive a confirmation email with your login credentials from no-reply@colotrust.com. If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before contacting the COLOTRUST Client Service team.



EDGE Participant Acknowledgement Form

Participant Information

Entity Name (Participant) _____

Participant Acknowledgement

The undersigned Authorized Signer for the Participant hereby acknowledges the following:

- The Participant has received and reviewed the COLOTRUST EDGE Information Statement.
- All EDGE investments are made in accordance with the COLOTRUST EDGE Investment Policy.
- COLOTRUST EDGE is designed to complement the daily liquidity of the COLOTRUST PRIME and PLUS+ funds by gaining exposure to a diversified portfolio of high-quality securities.
- The general objective of EDGE is to generate a higher level of income than provided by a traditional stable NAV LGIP while seeking to protect Participant capital.
- Withdrawals are unlimited and met on a transaction date plus one (1) business day basis (T+1).
- Withdrawals can only be initiated in the Participant Portal.
- Any Authorized Signer has full power and authority to make investments for the above Participant.
- COLOTRUST EDGE is designed for investors with a slightly longer investment horizon and the ability to tolerate a higher risk profile.

Authorized Signer

Signature

Date

Printed Name

Title

The investment advisor providing these services is Public Trust Advisors, LLC (Public Trust), an investment adviser registered with the SEC under the Investment Advisers Act of 1940, as amended. Registration with the SEC does not imply a certain level of skill or training. Additionally, this registration provides no guarantee of return or protection against loss. COLOTRUST is not a bank. An investment in COLOTRUST is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Please read the applicable COLOTRUST Information Statements carefully before making an investment decision. Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. **Past performance is no guarantee of future results. Any financial and/or investment decision may incur losses.**



EDGE Accounts to be Established

Entity Name: _____

COLOTRUST EDGE Accounts

Desired Subaccount Name(s)* i.e. General Fund, etc.:

(To be completed by Participant)

COLOTRUST EDGE is designed to complement the daily liquidity offered by the COLOTRUST PRIME and COLOTRUST PLUS+ portfolios. EDGE is better suited for funds not needed on a frequent or near-term basis. COLOTRUST EDGE is designed for investors with a slightly longer investment horizon and the ability to tolerate a higher risk profile.

EDGE does not seek to maintain a stable net asset value (NAV) and does not offer daily liquidity. Investing in EDGE introduces the potential for the reporting of unrealized and realized gains and losses.

If you have questions about which of your local government's funds are appropriate for the EDGE portfolio, please contact your COLOTRUST representative or email info@colotrust.com.

*Name must be limited to 35 characters.

Once your COLOTRUST account(s) has been established, you will receive a confirmation email with your login credentials from no-reply@colotrust.com. If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before contacting the COLOTRUST Client Service team.



Dual Authorization Form

Entity Name: _____

Please utilize this form to request dual authorization capabilities on your COLOTRUST account. Dual authorization ensures that any transaction entered via the COLOTRUST online transaction portal requires approval from a second Authorized Signer in order to be processed (internal transfers between subaccounts do not require dual authorization). **Note:** All Authorized Signers listed on the account can enter transactions and approve them (not just the users below).

Request to Add Dual Authorization

Dual authorization is hereby approved for _____ by the Authorized Signer below. By approving dual authorization, the Authorized Signer acknowledges transactions not approved by the 11:00 a.m. MT cutoff will not be processed. Please ensure transactions are entered in a timely manner and that other authorized signers are available to approve the transactions for processing.

Authorized Signer's Signature

Date

Printed Name

Title