



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, COLOTRUST 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

			to join with other local governments as a
Par	ticipant in the Colorado Lo	ocal Government Liquid	Asset Trust (the Trust) to pool funds for investment.
	treasury that are not imm er local government in ord	ediately required to be	.), it is lawful for any local government to pool any moneys in disbursed with the same such moneys in the treasury of any f short-term investments and maximize net interest earnings;
	provisions of Parts 6 and	7, Article 24 and Artic	d under the laws of the state of Colorado in accordance with cles 10.5 and 47 of Title 11 of the Colorado Revised Statutes d protection of public funds; and
	WHEREAS,		desires to become a Participant in the Trust.
	NOW, THEREFORE, it is h	ereby RESOLVED as fo	llows:
1)	Participant with other lo Revised Statutes that ce Government Asset Trust	ocal governments pur rtain Amended and Re dated May 1, 2021 a this reference and a	_hereby approves, adopts, and thereby joins as a suant to Part 7, Article 75, Title 24 of the Colorado estated Indenture of Trust entitled the Colorado Liquid is amended from time to time, the terms of which are copy of which shall be filed with the minutes of the d; and
2)	attached hereto and ir	ncorporated herein.	those persons listed on the Trust Registration Form The Authorized Signatories are authorized by the articipants' investment funds.
3)	The Designee and Author COLOTRUST; and	orized Signatories ma	y be changed from time to time by written notice to
4)	COLOTRUST EDGE. Prior	r to investing in any o	tfolios COLOTRUST PRIME, COLOTRUST PLUS+, and of the portfolios offered by the Trust, Participants are mation Statements and Investment Policies for each
•	The undersigned hereby	certifies that	has enacted:
	This Resolution, or		
cop	Another form of Resory of the original which is i		is enclosed and that such Resolution is a true and correct
Aut	horized Signature	Date	Printed Name



Entity Information

Trust Registration

	ent Name (Participant)			
Entity Type:	City/Town	County	School District	Special District
	Other (Specify) _			
Mailing Address				
City		Zip	County	
Physical Address	s (if different than abov	re)		
City		Zip	County	
Tax ID	Fisca	l Year End Date (N	Month/Day)	
Banking Infori	LOTRUST Administrator. mation			
_	mation		Bank Routing Number (ABA)
			bank Rodeing Namber (
Account Title			Account Number	
Bank Contact* _			Contact's Phone Numbe	er
Wire	ACH	Both		
Additional Ban	ıking Information (O	ptional)		
Bank Name			Bank Routing Number (ABA)
Account Title			Account Number	
Bank Contact* _			Contact's Phone Numbe	er
Wire	ACH	Both		
*If there will on	ly be one Authorized Si	gner on the COLO	TRUST account, bank cont	act must be provided to verify bar

account information



Authorized Contacts

Authorized Signers Ca	an	Read-Only Users Can
Approve changes to the Investor Profile		Receive account updates
Update banking/contact information		Request "view-only" access to monthly statements and transaction
Process transactions		confirmations
Receive account updates		
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		
Print First and Last Name		Title
*(Signature Required if Authorized Sign	ner)	Phone (Required)
Email (Required)		Fax
Permissions (check only one)	Voting Contact	
Authorized Signer to Move Funds*	Alternate Designe	e
Read-Only Access		
Additional Contact (Optional)		
Print First and Last Name		Title
*(Signature Required if Authorized Sign	ner)	Phone (Required)
Email (Required)		Fax
Permissions (check only one)	Voting Contact	
Authorized Signer to Move Funds*	Alternate Designe	ne e
Read-Only Access		



Additional Contact (Optional)

Authorized Contacts (cont.)

Print First and Last Name		Title
*(Signature Required if Authorized Si	gner)	Phone (Required)
Email (Required)		Fax
Permissions (check only one)	Voting Contact	
Authorized Signer to Move Funds*	Alternate Design	ee
Read-Only Access		
Additional Contact (Optional)		
Print First and Last Name		Title
*(Signature Required if Authorized Si	gner)	Phone (Required)
Email (Required)		Fax
Permissions (check only one)	Voting Contact	
Authorized Signer to Move Funds*	Alternate Design	ee
Read-Only Access		
Additional Contact (Optional)		
Print First and Last Name		Title
*(Signature Required if Authorized Si	gner)	Phone (Required)
Email (Required)		Fax
Permissions (check only one)	Voting Contact	
Authorized Signer to Move Funds*	Alternate Design	ee
Read-Only Access		
*The designee contact on an account is the main p communications. Note, a Designee is not required to be an au	•	ey receive voting credentials for Board of Trustee elections and all other important



PRIME and PLUS+ Accounts to be Established

Entity Name:	
COLOTRUST PRIME Accounts	COLOTRUST PLUS+ Accounts
Desired Subaccount Name(s)* i.e. General, etc.:	Desired Subaccount Name(s)* i.e. General, etc.:
(To be completed by Participant)	(To be completed by Participant)
Note: At least one Subaccount is required for ea	ach pool the entity would like to invest in

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.

^{*}Name must be limited to 35 characters.



EDGE Participant Acknowledgement Form

Participant Information Entity Name (Participant)			
Ziney ramo (rarenpane)			
Participant Acknowledgeme	nt		
The undersigned Authorized Signe	for the Participant hereby acknowledges the following:		
The Participant has received as	d reviewed the COLOTRUST EDGE Information Statement.		
All EDGE investments are mad	e in accordance with the COLOTRUST EDGE Investment Policy.		
	to complement the daily liquidity of the COLOTRUST PRIME and are to a diversified portfolio of high-quality securities.		
 The general objective of EDGE stable NAV LGIP while seeking 	s to generate a higher level of income than provided by a traditional 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 advisor registered with the SEC under the Investment Advisors 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 best 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 ne 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 EDGI 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

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).		
by the Authorized Signer ized Signer acknowledges transactions not approved by the ensure transactions are entered in a timely manner and that e transactions for processing.		
Date		
Title		