

ENROLLMENT APPLICATION FOR POOLED INVESTMENT FUNDS

Please fill out this form electronically. You will need Adobe Acrobat Reader, which can be downloaded free of charge from Adobe.com. If you are unable to download the free program, please contact us. Submit completed forms to: finance@mfa.bc.ca.

The	Organization Legal Name
hereby applies to enroll as a participant in the Pooled Investment Fund Program as established by the Municipal Finance Authority of British Columbia under Section 16 of the Municipal Finance Authority Act under the account name of:	
Account Name	
Contact Name	Contact Email
Address	

In consideration of MFABC accepting this application and the undersigned subscribing to the Pooled Investment Funds, the undersigned hereby agrees to be bound by the terms and conditions of the Pooled Investment Funds as determined by the Board of Trustees from time to time and agrees to designate its authorized signatories from time to time. **If the organization is a corporation doing business on behalf of a local government entity, the onus is on the corporation to inform MFABC if the share structure becomes anything less than 100% wholly owned by the municipal entity.**

Authorization

The undersigned MUST be current signing authorities on file with Municipal Finance Authority.

Signature	Signature
Name	Name
Title	Title

MFABC USE ONLY	
Date of Approval:	
Reviewed By:	
Accepted By:	
MFABC Account Number:	
CIBC Institution Number:	91520
CIBC Identification Number:	