

Wisconsin
CLASS[®]



Registration Packet





Welcome

Dear Investment Officer,

We believe you have made a sound financial decision to place your funds with Wisconsin CLASS. We are looking forward to working with you to make your investment process and public funds money management a positive, trouble-free experience.

This Enrollment Book contains all of the materials necessary to set up and manage your CLASS account(s). You'll find the enrollment forms in the Registration Packet; please complete them and return them to Wisconsin CLASS Client Services as soon as convenient.

In the Registration Packet you'll also find transaction forms for:

- Investments
- Disbursements

The Registration Packet also contains:

- Telephone directory for key contacts
- Authorized Signatory and Bank Amendment Forms

If you have any questions about any of the materials we've provided or about your CLASS account(s) in general, visit www.wisconsinclass.com. Wisconsin CLASS Client Service Representatives are also available to help you any business day, 8:00am - 5:30pm Eastern Time on our toll-free line at **1-800-395-5505**.

Thank you for choosing Wisconsin CLASS!

Respectfully yours,

Wisconsin CLASS Executive Committee



Registration Procedures

For participation in Wisconsin CLASS the following procedures must be completed:

The Participant must:

1. Execute the Intergovernmental Agreement by signing Exhibit A.
2. Complete the Registration Form.
3. Complete the Depository Bank and Authorized Wire Accounts form for each bank account you will be transferring funds to/from.
4. Complete the CLASS Accounts to be Established form. You may open as many accounts as you wish.
5. Complete the Authorized Signatories form.
6. Keep a copy of all forms for your files, **fax** a copy to Client Services 1-800-765-7600 and mail original forms to:

Cutwater Asset Management
Attn: Client Services
113 King Street
Armonk, New York 10504

- Please include:
1. Registration information
(Registration Form, Depository Bank and Authorized Wire Accounts form, Authorized Signatories form, Accounts to be Established form)
 2. Exhibit A



Registration Form

If you have any questions, please call Client Services at 1-800-395-5505

Tax Identification # (9 Digits)

Fiscal Year End

Name of Public Entity

Address

City

County

*State
Code*

Zip

Office Telephone Number

Extension

*Office Facsimile Number
(if available)*

Y N

ACH Requested (check one)

Y N

Internet Access (check one)

Please use for special notes or comments:



Depository Bank and Authorized Wire Accounts

Name of Public Entity: _____

The following are authorized wire and bank accounts for the named entity:

<i>Bank Name</i>	<i>ABA Number</i>
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<i>Bank Account Number(s)</i>	_____

	<i>Additional Account Numbers</i>

Bank Address (Street, City, State, Zip Code)

<i>Contact Person</i>	()	
	<i>Telephone Number</i>	<i>Extension</i>

<i>Bank Name</i>	<i>ABA Number</i>
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<i>Bank Account Number(s)</i>	_____

	<i>Additional Account Numbers</i>

Bank Address (Street, City, State, Zip Code)

<i>Contact Person</i>	()	
	<i>Telephone Number</i>	<i>Extension</i>

Authorized wire and bank accounts authorized by:

<i>Signature</i>	<i>Title</i>	<i>Date</i>
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Authorized Signatories

Name of Public Entity: _____

The following individuals are authorized signatories for the named public entity:

Name (Mr./Mrs./Ms., First, Middle Initial, Last) **Title**

Address (Street, City, State, Zip Code)

Telephone Number **Extension**

Facsimile Number **E-mail Address**

Signature

Name of Person to receive Monthly Statements *Mail* *E-mail*

Name of Person to receive Transaction Confirms *Fax* *E-mail*

Name of Person (Key Contact) to receive program correspondence and official notices

Please include Board Minutes authorizing the above signatories or sign below:

Signatures authorized by:

Signature **Title** **Date**



Exhibit A - Participant Certificate

Pursuant to Section 2.3 of the Intergovernmental Agreement (the "Intergovernmental Agreement") dated as of March 1, 1996 by and between various Wisconsin governmental entities (the "Participants"), the undersigned _____ does hereby request that it be admitted as a Participant. By executing this execution by the Program Administrator of this Certificate, it will become subject to the same obligations and shall have the same rights as if it had executed the Intergovernmental Agreement.

The undersigned hereby certifies that _____ is the duly designated Representative of the undersigned as required by the Intergovernmental Agreement.

The undersigned hereby certifies that its governing body has taken all actions required by Wisconsin law in order for it to enter into and perform the Intergovernmental Agreement.

(Name of Participant)

PARTICIPANT EXECUTION DATE

By:

Name:

Accepted:

Title:

Cutwater Investor
Services Corp.

By:

Name:

Title:



Bank Wire Instructions

Name of Public Entity: _____

<i>Bank Name:</i>	Wells Fargo Bank, N.A.
<i>ABA #:</i>	121000248
<i>Beneficiary Account Number:</i>	4496840521
<i>Wire Account Name:</i>	Wisconsin CLASS
<i>Attention:</i>	Scott Little (612) 667-6647

Bank Address:

**Wells Fargo Bank NA
Attn: Denise Rouse
MAC C7300-081
1700 Lincoln Street
8th Floor, Suite 800
Denver, CO 80203**



Withdrawal Form

*** Fax this form to Cutwater (1-800-765-7600) by 12:00pm on the Transaction Date ***

**If you would like a PIN to process this transaction online,
please call Client Services at 1-800-395-5505.**

Today's Date: _____ Transaction #: _____
(for Cutwater use)

Transaction Date: _____

Name of Public Entity: _____

Name of Banking Institution: _____

Bank Account #: _____

Amount of Withdrawal: \$ _____

_____ DOLLARS

Name of CLASS Account: _____

CLASS Account #: _____

Statement Remarks:
(for client reference) _____

Authorized Signatory: X _____



Contribution Form

*** Fax this form to Cutwater (1-800-765-7600) by 12:00pm on the Transaction Date ***

If you would like a PIN to process this transaction online,
please call Client Services at 1-800-395-5505

Today's Date: _____

Transaction #: _____
(for Cutwater use)

Transaction Date: _____

We have wired funds to:

Bank Name: **Wells Fargo Bank, N.A.**

ABA #: **121000248**

Account # **4496840521**

F/B/O: **Wisconsin Class**

Attention: **Scott Little (612) 667-6647**

NOTE: If you are transferring funds from a Wells Fargo Bank account, DO NOT WIRE THE FUNDS.
They will be transferred automatically.

Name of Public Entity: _____

Funds have been wired from:

Name of Banking
Institution: _____

Bank Account #: _____

Amount of Contribution: \$ _____

_____ DOLLARS

Name of CLASS Account: _____

CLASS Account #: _____

Statement Remarks:
(for client reference) _____

Authorized Signatory: X _____