SPECIAL PURPOSE INVESTMENT ACCOUNT NEW ACCOUNT REQUEST – NON-STATE AGENCY

Entity Name: Address: City, State, Zip: Contact Person: Contact Phone Number:	
1. Was the entity created by the state constitution or by law?	
a. If yes, please identify the constitutional or statutory reference in	the space provided below.
State Constitution - Section:	
Florida Statute-Chapter:	
2. Is the entity a Component Unit of the State or a Component Unit of a	University or College?
3. Identify the entity type.	
a. If Other, please describe.	
4. Is the entity currently a SPIA participant?	
If yes, please complete items a. through c. below.	
a. Please supply the entity ID (the first 4 numbers of your SPIA acc	count number).
b. Will the Authorized Personnel be the same as the existing account	nt(s)?
c. Will the Wire Instructions be the same as an existing account?	
i. If yes, please supply SPIA account number.	
5. Name or title for the Proposed New Account:	
6. What amount will be used to initially fund the account?	
7. Other than the initial funding amount, how much do you plan to contr	ribute to the account?
 8. Confirm that entity understands that this is an intermediate investmen Maintain a minimum balance (floor) of 60% of the previous thre period of six months. Notice of 5 business days for liquidations between \$20-\$75 milliover \$75 million. 	ee months average balance for a minimum
Date: Name: Title: Email Address:	
Filename: SPIAREQNONSTATE	Page: 1 of 1