



POWERED BY FICA

Bank Wire Instructions

Account Owner's Information		
Account Title:		
Account Number:		
Primary Contact Name:		
Phone:	E-mail:	
Bank Information and Wire Instructions: Where Withdrawals Will Be Sent		
Bank Name:	Bank ABA:	
Branch Office (if applicable):		
Name of Account:		
Account Number:		
Special Instructions (FBO/FFC):		
Bank Address:		
City:	State:	Zip Code:
Name of Banking Officer or Account Representative:		
Bank Phone Number:		
Account Owner's Signature		
Print Name:	Title:	
Signature:	Date:	
Print Name:	Title:	
Signature:	Date:	
Send To		
GIDP P.O. Box 7177 Dublin, OH 43017 or E-mail to: ClientAdmin@meederinvestment.com If you have any questions please call 1.855.648.7587		
For Internal Use Only		
Date Received:	Replaces Instructions Dated:	Initials:



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Account Closing Authorization

I/We, the owner(s) of the Federally Insured Cash Account (FICA) described herein, hereby authorize Meeder GIDP to close my/our account (s) and wire the funds from the FICA Account to the bank account on file. I/We understand and agree that none of Meeder GIDP or any person acting on any of their behalf shall be subject to any claim, loss, liability, cost or expense if it acted in good faith upon these instructions. I/we understand that my/our request will be executed in two steps, the first of which will be to pay the principal amount in the account and any interest paid at the time of this request and the second of which will be to pay any accrued interest thereon that posts on a date after the date of this request. I/We further understand that I/We are subject to the FICA Terms and Conditions and the FICA Custody Agreement previously executed.

Account Owner's Information		
Account Title:		
Client ID Number:	Tax ID:	
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
E-mail:		
Authorized Signers on the Account: By signing below, I certify that I am legally authorized to execute this document.		
Print Name:	Title:	
Signature:	Date:	
Print Name:	Title:	
Signature:	Date:	
Send To		
GIDP P.O. Box 7177 Dublin, OH 43017 or E-mail to: ClientAdmin@meederinvestment.com If you have any questions please call 1.855.648.7587		
For Internal Use Only		
Date Received:	Execution Date:	
Closing Balance (Principal & Interest Paid):	Accrued Interest:	
Verified Signatures:	Verified Balance:	
Confirmation Sent by/Date:		



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Incumbency Certificate

Date:	Firm:
The persons whose signature appears next to their name below are authorized individuals that have rights to transact on behalf of The Firm and any account on which The Firm has authority.	
Printed Name:	Signature:
Title:	E-mail:
Printed Name:	Signature:
Title:	E-mail:
Printed Name:	Signature:
Title:	E-mail:
Printed Name:	Signature:
Title:	E-mail:
Printed Name:	Signature:
Title:	E-mail:
Printed Name:	Signature:
Title:	E-mail:
Printed Name:	Signature:
Title:	E-mail:
Printed Name:	Signature:
Title:	E-mail:

"The undersigned [officer] of the Firm certifies that the people named above hold the position within the company stated next to their names. This also certifies that the signature next to each person's name is their true signature and that they are authorized to (i) complete, execute and deliver any and all documents and forms necessary to open a custody account (the "Account") on my behalf at U.S. Bank National Association (the "Custodian"), (ii) to provide transaction instructions to StoneCastle, the Custodian, and/or the Custodian's affiliates in respect of the Services (the "Instructions") and (iii) to deposit, withdraw and otherwise deal in deposits and contracts for the Account (the "Services")."

By:	Name:	Title:
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The undersigned, being the [officer] of the Firm, hereby certifies that [officer certifying above] is the duly appointed and acting [title of officer signing above] of the Firm as of the date hereof and that the signature set forth above [his/her] name is [his/her] true and genuine signature.

By:	Name:	Title:
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