



FLORIDA MUNICIPAL INVESTMENT TRUST
MEMBERSHIP APPLICATION FORM

Please mail the completed Application Form to:
Florida Municipal Investment Trust
P.O. Box 1757 Tallahassee, FL 32302-1757

Account Information (Separate applications are required for each account established by the Governmental Entity.)

Please check only one:
0-2 Year High Quality Bond Fund Core Plus Fixed Income
1-3 Year High Quality Bond Fund Expanded High Yield Bond Fund Diversified Small to Mid Cap Portfolio
Intermediate High Quality Bond Fund High Quality Growth Portfolio Russell 1000 Enhanced Index Portfolio
Broad Market High Quality Bond Fund Large Cap Diversified Value Portfolio International Equity Portfolio

Name of Governmental Entity: Federal Tax ID:

Account Title:

Type of Governmental Entity: City County Special District School Board Constitutional Officer Other:(specify)

Individual and Address for Official Notices

Name: Title

Mailing Address:

City: State: FL Zip:

Telephone Number: FAX Number: Email

Individual and Address for Confirmations and Statements

Name: Title

Mailing Address:

City: State: FL Zip:

Telephone Number: FAX Number: Email

NOTE: Only the individual holding the office designated in the entity's ordinance/resolution is permitted to make changes to the Membership Application Form or the Signature Card. The individual who currently holds the designated office should sign each of the FMIvT forms (Participation Agreement, Membership Form and Signature Card) in the space marked "Authorized Signature"

Table with 2 columns: Authorized Name and Title, Telephone Number

Bank Information

I hereby authorize the Administrator to act upon instructions properly received from the person(s) specified on the Signature Card to have amounts redeemed from this account and sent to the member bank designated below.

Fed Wire Information

Name of Bank: Fed Wire ABA Routing #:

Location City: State:

Account Name: Fed Wire Account Number:

Fed ACH Information

Name of Bank: Fed ACH ABA Routing #

Location City: State:

Account Name: Fed ACH Account Number:

Signature Card must be completed for all individuals who will be making contributions or requesting redemptions on this account.

Net Investment Income

Net investment income will be incorporated into the net asset value of the portfolio.

Signature and Authorization

The undersigned certifies that the person signing below has full authority and capacity to open an account with the Trust and to execute this Membership Application Form. The undersigned affirms that he/she has submitted or has previously submitted a certified copy of an ordinance or resolution authorizing the Governmental Entity's participation in the Florida Municipal Investment Trust and an executed Participant Agreement. The undersigned agrees that the instructions and authorizations contained in this Membership Application Form will remain in effect until the Administrator receives written notice of change.

Executed this day of

Attest Signature: "Authorized" Signature (per entity's ordinance/resolution)

Attest Title: "Authorized" Title: