



FLORIDA MUNICIPAL INVESTMENT TRUST
SIGNATURE CARD

Please complete and mail the original to:
Florida Municipal Investment Trust, P.O. Box 1757, Tallahassee, FL, 32302-1757

Signature Card

(Please check only one)

- 0-2 Year High Quality Bond Fund
1-3 Year High Quality Bond Fund
Intermediate High Quality Bond Fund
Broad Market High Quality Bond Fund
Diversified Large Cap Equity Portfolio
Diversified Small to Mid Cap Portfolio
International Equity Portfolio
Expanded High Yield Bond Fund
Core Plus Fixed Income Fund
Core Real Estate

Name of Governmental Entity:

Account Title:

Account #: (Please leave blank if establishing a new account)

NAME

SIGNATURE

Signature lines for Name and Signature columns.

Number of signatures required to authorize a contribution and/or redemption.

The undersigned hereby authorize the person(s) indicated above as having authority to invest funds and withdraw funds on behalf of the Governmental Entity's account according to the terms and conditions set forth in the Agreement and Declaration of Trust as amended and the most recently published Informational Statement governing the Portfolio in which the named account is a Member. The undersigned agrees that the above authorized person(s) will remain in effect until the Administrator receives a new signature card.

Authorized Signature Date:

NOTE: Only the person holding the office designated in the entity's ordinance/resolution can sign the Signature Card as the Authorized Signature or make changes to the Signature Card.

Attest Signature: Attest Title: