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__ INITIALS ___

FLORIDA MUNICIPAL INVESTMENT TRUST International Equity Portfolio

Please complete, scan, and send via email attachment to ksexton@flcities.com.

NOTE:

The Administrator presumes any facsimile or duplicate of this original signed document is a true copy of the original signed document and the Administrator is authorized to act according to the facsimile or duplicate.

| Notice of Contribution or Redemption | |
|---|---|
| Account Title: Entity Number (8 digits): Contribution: Redemption: (Please only check one.) | |
| Amount: | |
| Contributions must be received by the Custodian Bank on the date that the Portfolio is valued. Contributions can be remitted by wire transfer through the Federal Reserve. See wire instructions below. | |
| Name of Bank: Bank ABA No./Address: Account Name: Account Number: Further Credit Account Num Account Name: | Northern Trust Bank 071000152 / 50 S. LaSalle St, Chicago, IL Master Trust Wire Account 5186061000 |
| Contribution can be remitted via ACH. See ACH inst Name of Bank: Bank ABA No./Address: Account Number: | Northern Trust Bank 071000152 TR4490735 |
| Notification of contributions or redemptions must be received by the Administrator three business days prior to a Portfolio Valuation date. | |
| The minimum initial contribution is fifty thousand (50,000) dollars and subsequent contributions or redemptions amounts are five thousand (5,000) dollars. Contributions made by check must be received by the financial institution indicated above five business days prior to a Portfolio Valuation date. Contact the League office for instructions. Contributions made by wire transfer through the Federal Reserve or by ACH must be received by the financial institution indicated above not later than the day of a Portfolio Valuation. Only contributions received and collected in a timely manner will be credited to the Member's account based on the net asset value of the Portfolio as determined on the Portfolio Valuation date. | |
| Signature and Authorization (Must be signed by one or | more persons as specified on the account's Signature Card.) |
| The undersigned hereby notifies the Administrator of the above-specified transaction on behalf of the Governmental Entity's account. The undersigned affirms that he/she has the authority to invest funds or withdraw funds from the account specified above. Date:/ | |
| Signature | Signature |

FUNDS RECEIVED/SENT BY CUSTODIAN ON: ____/___