

Exhibit C

Account Application

Questions? Call 1-877-696-6747

Instructions: Use this application to open an Account with the Missouri Securities Investment Program (MOSIP). If this is your Entity's first Account in MOSIP, you must include a completed MOSIP New Investor Application for this form to be processed. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page 2. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

				MOSIP Accourt	Beneficial and the second seco			
					(Program Use Only)			
ESTOR INFORM	MATION: (Please complete all	fields in this	section.)		CSGV2			
Investor Name:	City of Columbia			TIN:	43 - 6000810			
		(Name that ap	opears on Program record		(Taxpayer Identification Number)			
Account Title:	City of Columbia							
		(New Account name to di	isplay on Program records and statements)				
this Account being	g set up for bond proceeds?	Yes 🗸	No					
ay dividends by rei	nvestment in: 🖌 This Account	U Other IV	IUSIP Account:	(Account Number or Account Name)				
STMENT OPT	IONS: (Please select the investi	ment ontion	(c) that your Entity m					
	and the second	The state of the s	11-2-2 1 1 1					
_		or the Entity	listed above, I certify tr	hat the selected investments below are permit	tted investments for the Programs to be in			
MOSIP Liquid	Series 🖌 MOSIP TERM							
VICES: (Please se	lect the services that your Entity	is interested	d in. A representative	from the Client Services Group will contact	you to discuss.)			
ACH Purchase	/Redemption 🖌 Wire Purch	hase/Redem	nption MOSIP C	hecking				
ote: If a wire/ACH h	anking instruction is not established	for this Acco	unt and the monies inve	sted must be distributed to the Entity listed abo	we, the Program reserves the right to distri			
				e check will be sent to the Investor's address on				
NTACT PERMIS	SIONS: (Please complete the in	nformation b	elow to add each Con	ntact's permissions for this Account.)				
	MATION: (Contact must be previou				ase select all permissions that apply)			
	Contraction of the second second	isty_establishe	u with the Flogram	For the new Program Account being e				
Contact Name:	City Manager			View Account information.				
	First and Last Name (Print)			Initiate transactions.				
Mailing Address:	City of Columbia Agency Name (If Applicable)			Open and close Accounts.				
	701 E Broadway, PC	D Pox 60	015	Change banking instructions				
	Address			 Assign permissions to and est Receive electronic statement 				
	Columbia	MO	65205	Receive paper statements.	5.			
	City	State	Zip	*Contact must be on record. All new Conta	cts must complete a Contact Record form			
AND DESCRIPTION OF THE OWNER.								
CONTACT INFOR	MATION: (Contact must be previou	usly establishe	d with the Program)	The second secon	ase select all permissions that apply)			
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	Director of Finance First and Last Name (Print)	usly establishe	d with the Program)	For the new Program Account being e				
	Director of Finance First and Last Name (Print) City of Columbia	usly establishe	ed with the Program)	For the new Program Account being e				
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Questions? Call 1-877-696-6747 MISSOURI SECURITIES INVESTMENT PROGRAM City of Columbia 43 -6000810 (New Account name to display on Program records and Statements) (Taxpayer Identification Number) CONTACT PERMISSIONS: (Please select all permissions that apply) 4 CONTACT INFORMATION: (Contact must be previously established with the Program) For the new Program Account being established, this Contact may: Contact Name: Controller ✓ View Account information. First and Last Name (Print) Initiate transactions. Mailing Address: City of Columbia Open and close Accounts. Agency Name (If Applicable) Change banking instructions and Account information. 701 E Broadway, PO Pox 6015 Assign permissions to and establish other Contacts. Address Receive electronic statements. Columbia MO 65205 Receive paper statements. City State *Contact must be on record. All new Contacts must complete a Contact Record form. CONTACT PERMISSIONS: (Please select all permissions that apply) CONTACT INFORMATION: (Contact must be previously established with the Program) 5 For the new Program Account being established, this Contact may: Contact Name: Treasurer ✓ View Account information. First and Last Name (Print) Initiate transactions. Mailing Address: City of Columbia Open and close Accounts. Agency Name (If Applicable) Change banking instructions and Account information. 701 E Broadway, PO Pox 6015 Assign permissions to and establish other Contacts. Address Receive electronic statements. Columbia 65205 MO Receive paper statements. City State Zip *Contact must be on record. All new Contacts must complete a Contact Record form. OPTIONAL DOCUMENTATION: (In addition to this form, the following documents are optional.) Contact Record (New Contacts Only) **ACH Setup Instructions** Wire Setup Instructions CERTIFICATION & SIGNATURE: (Please have a Contact per Program records who is authorized to open new Accounts sign below.) The Contact signing below has full authorization to open Accounts on behalf of the Investor listed above and should meet one the following criteria: · For a current Investor, this section must be signed by a Contact who is currently authorized to open Accounts per Program records; or · For a new Investor, this section must be signed by the Contact who signed the certification section of the New Investor Application. The Program reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary funds agreement, etc. when opening Accounts and assigning permissions with the Program. It is the sole responsibility of the Investor to promptly notify MOSIP of any changes to authorized Contacts. Matthew Lue **Director of Finance** Print or Type Name of Authorized Signatory Title/Position 07/22/2022 Authorized Signature Date PROGRAM USE ONLY: MOSIP Representative Signature Date Principal Approval Signature Date Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail. PROGRAM USE ONLY SEND VIA CONNECT: Log in to Account Access FAX TO: **MOSIP Client Services Group** MAIL TO: **MOSIP Client Services Group** V2022.04 INITIALS **Existing Connect** Click 🖾 Secure Contact 1-888-535-0120 P.O. Box 11760 Processed **Users** Only Select file to upload - Send message Harrisburg, PA 17108 Confirmed

Account Application - Page 2



Addendum to Account Application

Questions? Call 1-877-696-6747

City of Columbia

43 -6000810

(Taxpayer Identification Number)

Instructions: Complete this form to add additional Contact's permissions for this Account. If this addendum is needed, it must accompany the Account Application.

(New Account name to display on Program records and Statements)

CONTACT INFORM	MATION: (Contact must be pre-	viously established	with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name:				For the new Program Account being established, this Contact may:
	First and Last Name (Print)			View Account information.
Mailing Address:				Initiate transactions.
	Agency Name (If Applicable)			Open and close Accounts.
	Ageney frame (in Applicable)			Change banking instructions and Account information.
	Address			Assign permissions to and establish other Contacts.
	Address			Receive electronic statements.
				Receive paper statements.
	City	State	Zip	*Contact must be on record. All new Contacts must complete a Contact Record form.
CONTACT INFORM	MATION: (Contact must be prev	viously established	with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name:				For the new Program Account being established, this Contact may:
	First and Last Name (Print)			View Account information.
Mailing Address:				Initiate transactions.
	Agency Name (If Applicable)			Open and close Accounts.
	Agency manie (in Applicable)			Change banking instructions and Account information.
	Address			Assign permissions to and establish other Contacts.
	Address			Receive electronic statements.
				Receive paper statements.
	City	State	Zip	*Contact must be on record. All new Contacts must complete a Contact Record form.
CONTACT INFORM	MATION: (Contact must be pre-	viously established	with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name:				For the new Program Account being established, this Contact may:
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Mailing Address:	A			Open and close Accounts.
	Agency Name (If Applicable)			Change banking instructions and Account information.
				Assign permissions to and establish other Contacts.
	Address			Receive electronic statements.
				Receive paper statements.
	City	State	Zip	*Contact must be on record. All new Contacts must complete a Contact Record form.
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CONTACT INFORM	MATION: (Contact must be pre	viously established	d with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	MATION: (Contact must be pre	viously established	d with the Program)	
CONTACT INFORM		viously established	d with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
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Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.							PROGRAM USE ONLY	
SEND VIA CONNECT:	Log in to Account Access	FAX TO:	MOSIP Client Services Group	MAIL TO:	MOSIP Client Services Group		V2022.04	INITIALS
Existing Connect	Click 🖾 Secure Contact		1-888-535-0120		P.O. Box 11760		Processed	
Users Only	Select file to upload - Send message				Harrisburg, PA 17108		Confirmed	