

## Institutional Partner Account Registration Form

**Use this form** to open a new partner account. This form is for institutional investment entities with a U.S. tax identification number **ONLY**.

**Important information:** income earned from investing in CoNimby® Foundation, The Ohio Cooperative Impact Fund® services is tax-exempt income and is reported on Schedule K-1 (form 1065) line 18A annually.

### Account Information

#### 1. Entity type and required documentation

- |   |   |
|---|---|
| <input type="checkbox"/> Trust                              | Trust document                              |
| <input type="checkbox"/> Foundation                         | Articles of Incorporation and exempt letter |
| <input type="checkbox"/> Endowment                          | Formation documentation                     |
| <input type="checkbox"/> Corporation/ for profit            | Articles of incorporation                   |
| <input type="checkbox"/> Limited liability company          | Articles of incorporation                   |
| <input type="checkbox"/> Unincorporated association         | State license to operate                    |
| <input type="checkbox"/> Municipality or school district    | Municipal charter, state license to operate |
| <input type="checkbox"/> Other institution (Please specify) | Formation documents                         |

#### 2. Partner information

Name of Institution:

Taxpayer identification number:

Mailing address:

City, state, zip code:

Street address ( if different from mailing address):

City, state, zip code:

Contact: *First, middle, last*

Contact title:

Contact email:

Contact phone:



3. Impact Fund® options (\$50,000 per unit, # of unit(s))

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Adams County, #      | <input type="checkbox"/> Allen County, #    | <input type="checkbox"/> Ashland County, #    | <input type="checkbox"/> Ashtabula County, #  |
| <input type="checkbox"/> Athens County, #     | <input type="checkbox"/> Auglaize County, # | <input type="checkbox"/> Belmont County, #    | <input type="checkbox"/> Brown County, #      |
| <input type="checkbox"/> Butler County, #     | <input type="checkbox"/> Carroll County, #  | <input type="checkbox"/> Champaign County, #  | <input type="checkbox"/> Clark County, #      |
| <input type="checkbox"/> Clermont County, #   | <input type="checkbox"/> Clinton County, #  | <input type="checkbox"/> Columbiana County, # | <input type="checkbox"/> Coshocton County, #  |
| <input type="checkbox"/> Crawford County, #   | <input type="checkbox"/> Cuyahoga County, # | <input type="checkbox"/> Darke County, #      | <input type="checkbox"/> Defiance County, #   |
| <input type="checkbox"/> Delaware County, #   | <input type="checkbox"/> Erie County, #     | <input type="checkbox"/> Fairfield County, #  | <input type="checkbox"/> Fayette County, #    |
| <input type="checkbox"/> Franklin County, #   | <input type="checkbox"/> Fulton County, #   | <input type="checkbox"/> Gallia County, #     | <input type="checkbox"/> Geauga County, #     |
| <input type="checkbox"/> Greene County, #     | <input type="checkbox"/> Guernsey County, # | <input type="checkbox"/> Hamilton County, #   | <input type="checkbox"/> Hancock County, #    |
| <input type="checkbox"/> Hardin County, #     | <input type="checkbox"/> Harrison County, # | <input type="checkbox"/> Henry County, #      | <input type="checkbox"/> Highland County, #   |
| <input type="checkbox"/> Hocking County, #    | <input type="checkbox"/> Holmes County, #   | <input type="checkbox"/> Huron County, #      | <input type="checkbox"/> Jackson County, #    |
| <input type="checkbox"/> Jefferson County, #  | <input type="checkbox"/> Knox County, #     | <input type="checkbox"/> Lake County, #       | <input type="checkbox"/> Lawrence County, #   |
| <input type="checkbox"/> Licking County, #    | <input type="checkbox"/> Logan County, #    | <input type="checkbox"/> Lorain County, #     | <input type="checkbox"/> Lucas County, #      |
| <input type="checkbox"/> Madison County, #    | <input type="checkbox"/> Mahoning County, # | <input type="checkbox"/> Marion County, #     | <input type="checkbox"/> Medina County, #     |
| <input type="checkbox"/> Meigs County, #      | <input type="checkbox"/> Mercer County, #   | <input type="checkbox"/> Miami County, #      | <input type="checkbox"/> Monroe County, #     |
| <input type="checkbox"/> Montgomery County, # | <input type="checkbox"/> Morgan County, #   | <input type="checkbox"/> Morrow County, #     | <input type="checkbox"/> Muskingum County, #  |
| <input type="checkbox"/> Noble County, #      | <input type="checkbox"/> Ottawa County, #   | <input type="checkbox"/> Paulding County, #   | <input type="checkbox"/> Perry County, #      |
| <input type="checkbox"/> Pickaway County, #   | <input type="checkbox"/> Pike County, #     | <input type="checkbox"/> Portage County, #    | <input type="checkbox"/> Preble County, #     |
| <input type="checkbox"/> Putnam County, #     | <input type="checkbox"/> Richland County, # | <input type="checkbox"/> Ross County, #       | <input type="checkbox"/> Sandusky County, #   |
| <input type="checkbox"/> Scioto County, #     | <input type="checkbox"/> Seneca County, #   | <input type="checkbox"/> Shelby County, #     | <input type="checkbox"/> Stark County, #      |
| <input type="checkbox"/> Summit County, #     | <input type="checkbox"/> Trumbull County, # | <input type="checkbox"/> Tuscarawas County, # | <input type="checkbox"/> Union County, #      |
| <input type="checkbox"/> Van Wert County, #   | <input type="checkbox"/> Vinton County, #   | <input type="checkbox"/> Warren County, #     | <input type="checkbox"/> Washington County, # |
| <input type="checkbox"/> Wayne County, #      | <input type="checkbox"/> Williams County, # | <input type="checkbox"/> Wood County, #       | <input type="checkbox"/> Wyandot County, #    |

Impact Fund® unit(s) \_\_\_\_\_ x \$50,000 = \_\_\_\_\_

I agree to commit this capital that may be called at any time.

Initial funding for the partner account will be by:  Wire\*  Check\*\*

\*If selected, fund specific instructions can be obtained in section 4.

\*\*If selected, express mailing information is provided in section 5.

4. Wire instructions

Call the Cooperative Personnel Administration Center at 513-655-6194 to request individual impact fund® specific wire instructions.



## 5. Mailing information

The Ohio Cooperative  
C/O CoNimby Foundation  
POB #36497  
Cincinnati, Ohio 45236

## 6. Certification and signatures

By signing below, you understand, agree, and certify to CoNimby Foundation, The Ohio Cooperative any and all of its affiliates or subsidiaries under penalties of perjury that:

- You have been duly authorized by the registering entity identified in section 2 to executive and deliver documents on behalf of the registered owners, including this institutional partner registration form.
- You have full authority and legal capacity to purchase Impact Fund® units and to select the fund options noted in this form.
- You have received a current fund fact sheet and agree to be bound by its terms.
- If you are signing this form as a trustee of a trust identified in section 2, the trust is valid and in full force and effect as of the date you sign this form, the trustee(s) has/have full authority under the trust document and applicable law to enter into investment transactions on behalf of the trust.
- If you are signing this form on behalf of an entity identified in section 2, the entity is in existence as of the date you sign this form, and you have been duly authorized to enter into investment transactions on behalf of the entity.
- All instructions on this form will remain in full force and effect until CoNimby Foundation; The Ohio Cooperative receives, and had a reasonable opportunity to act upon, written notice to change such instructions.
- You will promptly notify The Ohio Cooperative of any changes to any of this information.
- You understand that our open-end Impact Fund® services have no secondary market.
- You hereby certify that you are an “accredited investor” as defined by Rule 501 of Reg. D.
- You understand that Impact Fund® unit(s) must be held for at least a 12 month period.
- All of the information on this form is true, correct, and complete.

### Sign Here

Signature of authorized person

*mm/dd/yyyy*

X

X