



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

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:** _____