



FLORIDA MUNICIPAL INVESTMENT TRUST
0-2 YEAR HIGH QUALITY BOND FUND

Notice of Contribution or Redemption

Account Title _____

Entity Number (8 digits) _____ Contribution [] Redemption []

Amount _____

Contributions must be received by the Custodian Bank on the date that the Portfolio is valued. Notification of contributions or redemptions must be received by the Administrator three business days prior to a Portfolio Valuation date.

Contributions can be remitted by wire transfer through the Federal Reserve. See wire instructions below.

Name of Bank: Northern Trust Bank
Bank ABA No./Address: 071000152 / 50 S. LaSalle St, Chicago, IL
Account Name: Master Trust Wire Account
Account Number: 5186061000
Further Credit Account Number: 4490735
Account Name: Clearing Account

Contribution can also be remitted via ACH. See ACH instructions below.

Name of Bank: Northern Trust Bank
Bank ABA No./Address: 071000152
Account Number: TR4490735

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 and withdraw funds from the account specified above.

Signature _____

Signature _____

Date _____

Date _____

For internal use only: Received on _____ Initials _____

*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.