New Account in Series Modify Existing Account

Select Account to Copy Data From

Clear Selected Account

New Account

Blank form will be generated with a unique account number.

* 'Select Account to Copy Data From' allows you to choose from an existing account for the agency and populate the information for easier completion *

Modify Existing Select a

Select account you wish to modify from drop down. Form will be populated with the current information on file.

Account Inform	ation
Agency Account #	
Participant Name	
Account Name	

Account Information

Agency Account # will be assigned upon creation.

Participant Name

Account Name for categorizing the account (General

Fund, Water and Sewer, etc.)

Contact Information	
Address	
City State Zip Code	
Phone Fax	

Contact Information Any physical correspondence, like statements, will be sent to the address on file. Please ensure all information is up to date and deliverable!

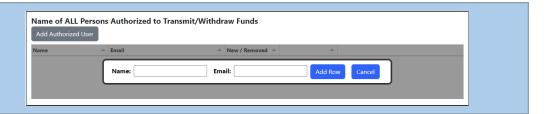
Banking Information Check this box ONLY to make a change to the banking Wiring instructions					
Banking Wiring Instructions Benefiticary Bank Name	ABA/Routing Number				
Beneficiary Bank Account Name	Account Number				
Check this box ONLY if your bank is not on-line with the Federal Reserve and utilizes an intermediay bank for wires					
☐ Check this box ONLY if you plan to utilize, add, or change your ACH setup					
Banking ACH Instructions (Complete if you plan to utilize ACH option)					
Benefiticary Bank Name	ABA/Routing Number				
Beneficiary Bank Account Name	Account Number				

Banking Information All participants must provide either wiring or ACH instructions.

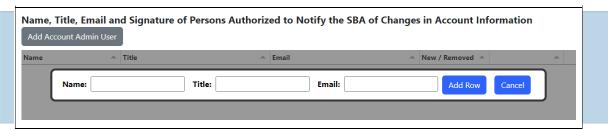
 $\ensuremath{^*}$ If modifying an existing account, check the box to allow edits. $\ensuremath{^*}$

If you are making changes to banking instructions, you will receive a secondary confirmation from our accounting team upon processing.

A template is automatically created with this information. All requested funds will be delivered to the recorded banking details.







Number of Authorizing Signatures Required to Change Account Information.

Select the number below ∨

Authorized Users

List all users that will be authorized to conduct transactions.

Logins are based on participant email so please ensure they are entered correctly. *NO group emails permitted. Must be individual emails for each user*

At least one authorized user required.

View Only Users These users only have access to pull statements.

Optional; does not require an entry.

Authorized Signers

At least one authorized signer required.

Updates to an account where all previous signers are no longer with the agency must assign a new signer that is in compliance with the resolution on file.

* Signers must provide wet signature for every account update. *

Number of Authorized Signers

Choose between one or two signatures required to make a change.

Preview PDF

Retain Data For Later

Complete Form and Generate PDF for Mailing

Preview

Retain Data For Later

Complete & Generate

Preview option is found at the top of the page and allows the user to see a generated form to review before creating a final version.

* Please note that this version of the form will not be accepted for processing *

Retaining allows participant who made the edits, to save the form and return before submitting.

Generate a completed form for submission, including the disclosure statement. These will need to be printed, signed, notarized, and mailed to the SBA for processing.



Florida State Board of Administration Attention: PRIME OPERATIONS 1801 Hermitage Blvd, Suite 100 Tallahassee, FL 32308

Once the form is generated, all wet signatures/notary are captured, and disclosure completed, please have the forms mailed to the SBA for processing!





Contact us at 850-488-7311 or PrimeOPS@sbafla.com



Full instructions are always available at the top of the form. If you have any questions during the process, please feel free to contact us.



Florida PRIME Participant Account Maintenance Form

(One form must be completed for each agency account)

Submitted Forms		Saved En				
vo aubmissions round						
Instructions	New Account in Series	Modify Existin	g Account	Preview PDF		
	Select Account to Copy Data From		Clear Selected Account			
Account Information	on	Contact	t Information			
Agency Account #		Address				
Participant Name						
Account Name		City	State Zip Code			
		Phone	Fax			
Octobrillo anni	Banking In	formatio	1			
Banking Wiring Instructio	ke a change to the banking Wiring instructions					
Benefiticary Bank Name			ABA/Routing Number			
Beneficiary Bank Account Name			Account Number			
☐ Check this box ONLY if you	r bank is not on-line with the Federal Reserve and utilizes plan to utilize, add, or change your ACH setup	s an intermedi	ay bank for wires			
	(Complete if you plan to utilize ACH option)					
Benefiticary Bank Name			ABA/Routing Number			
Beneficiary Bank Account Name			Account Number			
Name of ALL Persons At	uthorized to Transmit/Withdraw Funds					
Name - Em	ail A New / Removed A					
	th View Only Website Privilege website but may NOT conduct business					
Name - Em	ail A New / Removed A		A			
Name, Title, Email and Signature of Persons Authorized to Notify the SBA of Changes in Account Information Add Account Admin User						
Name - Titi	e - Email		△ New / Removed △			
Number of Authorizing Si	gnatures Required to Change Account Informati	on. Select	the number below 🕶			

Retain Data For Later Complete Form and Generate PDF for Mailing