

### New Jersey Schools Insurance Group

6000 Midlantic Drive, Suite 300 North Mount Laurel, New Jersey 08054 (609) 386-6060 • FAX (609) 386-8877 www.njsig.org

# Board of Trustees Meeting of November 29, 2017 Action Item Investors Bank

In conjunction with the operations of NJSIG's banking services, Investors Bank has requested the adoption of updated resolutions permitting Investors Bank to accept electronic and facsimile signatures from the individuals detailed on the attached resolutions as designated by the NJSIG Board of Trustees. To this end, it is proposed that the Board adopt the attached Investors Bank resolutions.

**Recommended Resolution:** to approve the attached resolutions permitting Investors Bank to accept electronic and facsimile signatures from the individuals detailed on the resolutions.

William Mayo

William Mayo, CPCU, ARM Executive Director

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# New Jersey Schools Insurance Group

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I, Irene LeFebvre, New Jersey School Insurance Group (NJSIG) Trustee Chairperson, certify that the following individuals are authorized to transact business on the Investor Bank Accounts listed below:

205- Concentration Account 267-Lockbox account ZBA

William Mayo-Executive Director
Jill Deitch-Chief Legal Officer
Chris Russo-NJSIG Trustee
Irene LeFebvre-NJSIG Trustee Chairperson

210-Operating Account ZBA 248-Payroll Account ZBA 1000468253-FSA/DCA Account ZBA

William Mayo-Executive Director
Jill Deitch-Chief Legal Officer
Kelly Machu-Underwriting/Client Relations Manager
Chris Russo-NJSIG Trustee
Irene LeFebvre-NJSIG Trustee Chairperson

# 229-Claims Account ZBA

William Mayo-Executive Director Rebecca Iglesias-Office Manager Kelly Machu-Underwriting/Client Relations Manager Chris Russo-NJSIG Trustee Irene LeFebvre-NJSIG Trustee Chairperson

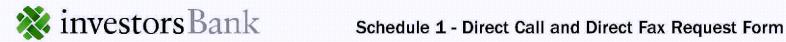
	11/29/17
Irene LeFebvre	Date
NJSIG Trustee Chairperson	



# Schedule 1 - Direct Call and Direct Fax Request Form

HIE		mpany Name <b>Jersey</b>	School	ols Insu	ırance Group	2			Parent Comp	
COMPANY PROFILE	Street Address 6000 Midlantic Drive, Ste. 300					city Mount	Laurel	State NJ		<sup>Zip</sup> 08054
COM	Contact Name Michele Carosi					Title Compti	Title Comptroller			per
	Check C	ne:			O New	Modify	O Delete	Supersedes all prev	ious authoriz	ations
	Name						Email: Fax:			
метнор	Name						Email: Fax:			
WIRE ADVICE METHOD	Name						Email: Fax:			
W	Name						Email: Fax:			
	ADD	MODIFY	DELETE	ACCT#	ACCOUNT	NAME	ACCOUNT NUMBER	DAILY TOTAL DOLL USE EXISTING		PER TRANSACTION DOLLAR LIMIT
				1.						
				2.						
				3.						
XOLLAK V				<b>4</b> , 5.						
ACCOUNT DOLLAR LIMIT				6.						
ğ				7.						
				8.						
				9.					İ	
				10.						
PROVAL	Investors 1	Wire Approver	Name		Title		Signature			Date

<sup>\*</sup> Investors Bank Approver must have the appropriate Wire Transfer Authorization Transaction Limit Level as approved by the Board of Directors



	New Authority	Modify Authority	O Delete Existing	New Authority	OModify Authority	O Delete Existing	O Authority	Modify Authority	O Delete Existing	New Authority	Modify Authority	O <sup>Delete</sup> Existing
, r	Authorized Repr	esentative Caller	•	Authorized Rep Jill Deito	resentative Calle h	г	Authorized Rep	presentative Callei	ī	Authorized Representative C		
	Title			Title Chief Le	egal Offic	er	Title			Title		
	Business Phone	#		Business Phon 609-386-0	e# 6060 x300	)7	Business Phon	e #		Business Phone #		
l'	Mobile Phone #			Mobile Phone 609-500			Mobile Phone #		ř	Mobile Phone #		
LERS)	Wire Originator'	?		Wire Originato Yes	?	;	Wire Originato Yes	r? O No	×	Wire Originator?  Yes  No		
VES (CAL	Wire Originator	Daily Limit		Wire Originato	Daily Limit		Wire Originato	r Daily Limit		Wire Originator Daily Limit		
RESENTATI	Wire Originator	Transaction Limit	5	Wire Originato	Transaction Limi	t	Wire Originato	r Transaction Limit	t	Wire Originator Transaction Limit		2
AUTHORIZED REPRESENTATIVES (CALLERS)	Wire Approver?  Yes No		Wire Approver?  Yes	O No		Wire Approver?  Yes	O No	¥	Wire Approver?	O No		
AUTHO	Wire Approver Daily Limit		Wire Approver Daily Limit \$ 500,000.00		Wire Approver Daily Limit			Wire Approver Daily Limit				
,,	Wire Approver Ti	ransaction Limit		Wire Approver \$ 300,0	Fransaction Limit	t Wire Approver Tran		Transaction Limit		Wire Approver 1	ransaction Limit	
	Check off accou	ints approved for	access	Check off acco	unts approved for	raccess	Check off accounts approved for access		access	Check off accounts approved for access		access
	Account :	1 0	Account 6	Account	1 0	Account 6	O Account	1	Account 6	O Account	1 0	Account 6
ĺ	Account 2	2	Account 7	Account	2	Account 7	Account	2	Account 7	O Account	2	Account 7
	Account 6	3 0	Account 8	Account	3	Account 8	○ Account	3	Account 8	O Account	3 0	Account 8
	Account 4	4 0	Account 9	Account	4	Account 9	Account	4	Account 9	Account	4 0	Account 9
	Account !	5 0	Account 10	Account	5	Account 10	○ Account	5 0	Account 10	O Account	5	Account 10
	Approve All		Approve All			Approve All	1 2		Approve All			



# Schedule 1 - Direct Call and Direct Fax Request Form

	Caller Name (Print)		Caller Signature			
CALLER SIGNATURE	Caller Name (Print)		Caller Signature			
CALLER SI	Caller Name (Print)		Caller Signature			
	Caller Name (Print)		Caller Signature			
SIGNATURE AND ACCEPTANCE	signing below, I certify that the inform the service to the Company. The Co	nation provided is true and correct an mpany acknowledges this is not an ap	d that Investors Ban oplication for an exte	orm and to disclose the information here k may rely on this information in order to nsion of credit. The Company further nent and subject to the final exclusive a	o provide	
RE AND A	Company Name New Jersey Schools Insurance Group  Branch/Department Govt. Banking / Br. 193					
SIGNATU	Company Authorized Signer Name William Mayo	Executive Director	Signature		Date 11/17/17	
	Investors Signer Name John F. Hogan	Title VP	Signature		Date 11/17/17	



I Irene Le Febvre	ted or appointed and acting as the Chairperson
of NEW JERSEY SCHOOLS INSURANCE GROUP (õPublic Entityö), loc existing under the laws of the State of New Jersey, hereby cer Trustees or such other governing body, as may be authorized or delegate authority to transact, the financial business of the Public accordance with all applicable laws and organizational documen resolutions have not been revoked or amended and remain in full the	eated at 6000 Midlantic Dr., Suite 300 North, Mount Laurel, NJ organized and tify to Investors Bank that at a meeting of the Board of required by law to designate depositories and transact, or Entity, duly called and held on 11/29/17 (date), in its, the following resolutions were duly adopted, and said
To the extent the organizational, internal or any other governing inconsistent with any provisions of this Resolution, the applic comply with this Resolution.	
Resolutions Investors Bank (õBankö) is hereby designated as a depotent description (indicate Title of per the Public Entity, or any one of them, is/are hereby authorized to Bank for and in the name of the Public Entity with such title or	erson(s) authorized, e.g., President, Secretary, etc.) of open a bank account or accounts from time to time with
Bank is hereby authorized to accept for deposit to the cred Executive Director (indicate Title of pet this Public Entity shall designate from time to time, monies, che transfers, ACH, payment orders or other evidences indebtedness.	erson(s) authorized, e.g., President, Secretary, etc.) of
The Bank is authorized to make payments from the funds according to the check, draft, note, bill of exchange, wire transinstrument or direction of this Public Entity, signed, drawn, accept designated agents (õAuthorized Personsö) whether the same be public Entity or Authorized Person or otherwise, and whether tendered in payment of the obligation of any officer of the Public Person of the Public Person of Person or otherwise.	offer, ACH, payment order, acceptance or other written of or endorsed by any one of its following officers or eavable to the order of or in favor of any officer of the other same be deposited to the individual credit of or
WILLIAM M MAYO	EXECUTIVE DIRECTOR
Name	Title
IRENE LEFEBVRE	NJSIG TRUSTEE CHAIRPERSON
Name	Title
CHRISTOPHER J RUSSO	NJSIG TRUSTEE
Name	Title
JILL DEITCH	CHIEF LEGAL OFFICER
Name	Title
The Authorized Persons may transfer or enter into agreemer disposition of the funds of this Public Entity or otherwise transact  205 267	<del>-</del>
	<del>-</del>



All transactions (if any) with respect to any deposits, withdrawals, payments or other business on the accounts in the name of the Public Entity prior to the adoption of this resolution are hereby ratified, confirmed and approved.

### Representations

In providing this document for use by the Public Entity, the Bank makes no representation as to tax and other legal aspects thereof and the Public Entity is encouraged to review this document with its counsel prior to executing it.

The authorizations in this Resolution shall continue and remain in full force and effect until notice of their revocation by Resolution of this Public Entity has been received in writing by the Bank and the Bank has had a reasonable period of time on which to act on such revocation.

In the event any Authorized Person resigns, is removed, dies, becomes incompetent or otherwise ceases to be an Authorized Person, or the Public Entity is dissolved, the Bank shall be fully protected in continuing to deal with such Authorized Person and the Public Entity (as the case may be) and its accounts according to the terms of this Resolution and the Account Agreement until the Bank (a) receives actual written notice of the dissolution or that such Authorized Person is no longer authorized to act for the Public Entity and (b) has had a reasonable period of time to act on such notice.

The Public Entity hereby guarantees to the Bank the payment of all checks, drafts, notes, bills of exchange, ACH, wire transfers, payment orders and acceptances or other evidences of indebtedness that may at any time be deposited without the endorsement of the Public Entity appearing thereon.

Even if the Bank is provided copies of the Public Entity's internal or organizing documents (including but not limited to articles or certificates of incorporation, bylaws, other resolutions or minutes), the Public Entity acknowledges and agrees the Bank is not charged with notice of the contents of such documents and shall not be obligated to comply with any provision in any of those documents.

To the extent the articles of incorporation or any other organizing or governing document of the Public Entity, as may be amended, is inconsistent with any provisions of this Resolution, the applicable document is hereby deemed amended in order to comply with this Resolution.

The Bank shall not have any responsibility to see to the ultimate use of any funds withdrawn by any Authorized Persons regardless of what the actual provisions of any of the Public Entity's internal or organizing documents may provide with respect to the Authorized Personsø authority or any other limitation or restriction.

The Public Entity agrees to indemnify and hold the Bank harmless against the claims of all others related to this Resolution or arising out of the agreement of the Bank to permit the Authorized Personsø unrestricted rights over the funds deposited with the Bank (including reasonable costs of defense).

The Executive Director (indicate Title of person(s) authorized, e.g., President, Secretary, etc.) is hereby authorized and directed to certify to the Bank, from time to time, the names of the officers or agents authorized to sign on behalf of this Public Entity.



The Chairperson	`	person(s) autnorizea, e.g.,	Presiaent, Secretary, etc.)
signature below is conclusive evidence of his/	her authority to act on be	half of the Public Entity.	
IN WITNESS WHEREOF and intending day of November, 20	to be legally bound 17. Signature:	hereby, I have hereunto se	et my hand this
Name (printed): Irene Le Febvre			



I Irene LeFebvre, the undersigned, being duly el	ected or appointed and acting as the Chairperson
of NEW JERSEY SCHOOLS INSURANCE GROUP (õPublic Entityö), lexisting under the laws of the State of New Jersey, hereby of Trustees or such other governing body, as may be authorized delegate authority to transact, the financial business of the Public accordance with all applicable laws and organizational documeresolutions have not been revoked or amended and remain in further transacts.	located at 6000 Midlantic Dr., Suite 300 North, Mount Laurel, NJ organized and sertify to Investors Bank that at a meeting of the Board of or required by law to designate depositories and transact, or ic Entity, duly called and held on 11/29/17 (date), in lents, the following resolutions were duly adopted, and said
To the extent the organizational, internal or any other governing inconsistent with any provisions of this Resolution, the approximation of this Resolution.	
Resolutions Investors Bank (õBankö) is hereby designated as a de  Executive Director (indicate Title of the Public Entity, or any one of them, is/are hereby authorized t Bank for and in the name of the Public Entity with such title or	person(s) authorized, e.g., President, Secretary, etc.) of o open a bank account or accounts from time to time with
Bank is hereby authorized to accept for deposit to the creation of this Public Entity shall designate from time to time, monies, contransfers, ACH, payment orders or other evidences indebtedness.	person(s) authorized, e.g., President, Secretary, etc.) of hecks, drafts, notes, bills of exchange, acceptances, wire
The Bank is authorized to make payments from the fund according to the check, draft, note, bill of exchange, wire trainstrument or direction of this Public Entity, signed, drawn, acc designated agents (õAuthorized Personsö) whether the same be Public Entity or Authorized Person or otherwise, and whether tendered in payment of the obligation of any officer of the Public Entity of Authorized Person):	ensfer, ACH, payment order, acceptance or other written cepted or endorsed by any one of its following officers or e payable to the order of or in favor of any officer of the er the same be deposited to the individual credit of or
WILLIAM M MAYO	EXECUTIVE DIRECTOR
Name	Title
IRENE LEFEBVRE	NJSIG TRUSTEE CHAIRPERSON
Name	Title
CHRISTOPHER J RUSSO	NJSIG TRUSTEE
Name	Title
KELLY A MACHU	UNDERWRITING/CLIENT RELATIONS MANAGER
Name	Title
The Authorized Persons may transfer or enter into agreem disposition of the funds of this Public Entity or otherwise transa 210 248 253	•



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In the event any Authorized Person resigns, is removed, dies, becomes incompetent or otherwise ceases to be an Authorized Person, or the Public Entity is dissolved, the Bank shall be fully protected in continuing to deal with such Authorized Person and the Public Entity (as the case may be) and its accounts according to the terms of this Resolution and the Account Agreement until the Bank (a) receives actual written notice of the dissolution or that such Authorized Person is no longer authorized to act for the Public Entity and (b) has had a reasonable period of time to act on such notice.

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The Bank shall not have any responsibility to see to the ultimate use of any funds withdrawn by any Authorized Persons regardless of what the actual provisions of any of the Public Entity's internal or organizing documents may provide with respect to the Authorized Personsø authority or any other limitation or restriction.

The Public Entity agrees to indemnify and hold the Bank harmless against the claims of all others related to this Resolution or arising out of the agreement of the Bank to permit the Authorized Personsø unrestricted rights over the funds deposited with the Bank (including reasonable costs of defense).

The Executive Director (indicate Title of person(s) authorized, e.g., President, Secretary, etc.) is hereby authorized and directed to certify to the Bank, from time to time, the names of the officers or agents authorized to sign on behalf of this Public Entity.



TheChairperson signature below is conclusive 6		authorized, e.g., Pr Public Entity.	resident, Secretary,	etc.)
IN WITNESS WHEREOF  29th day of November		have hereunto set r	ny hand this	
Name (printed): Irene Le Febvre				



I Irene Le Febvre the undersigned being duly ele	ected or appointed and acting as the Chairperson
of NEW JERSEY SCHOOLS INSURANCE GROUP (õPublic Entityö), lo existing under the laws of the State of New Jersey, hereby contracted of the state of New Jersey, hereby contracted of the state of the Public accordance with all applicable laws and organizational documents resolutions have not been revoked or amended and remain in full states.	pertify to Investors Bank that at a meeting of the Board of or required by law to designate depositories and transact, or Entity, duly called and held on 11/29/17 (date), in ents, the following resolutions were duly adopted, and said
To the extent the organizational, internal or any other governing inconsistent with any provisions of this Resolution, the application with this Resolution.	•
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Bank is hereby authorized to accept for deposit to the creek Executive Director (indicate Title of particular this Public Entity shall designate from time to time, monies, characters, ACH, payment orders or other evidences indebtedness.	person(s) authorized, e.g., President, Secretary, etc.) of
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JILL DEITCH	CHIEF LEGAL OFFICER
Name	Title
The Authorized Persons may transfer or enter into agreemed disposition of the funds of this Public Entity or otherwise transactions.	
210 248 253	



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The Executive Director (indicate Title of person(s) authorized, e.g., President, Secretary, etc.) is hereby authorized and directed to certify to the Bank, from time to time, the names of the officers or agents authorized to sign on behalf of this Public Entity.



signature below is conclusive evidence		ehalf of the Public Entity.	President, Secretary, etc.)
IN WITNESS WHEREOF and integrated day of November	ending to be legally bound _, 20 <u>17</u> . Signature:	hereby, I have hereunto se	et my hand this
Name (printed): Irene Le Febvre			



I Irene Le Febvre	y elected or appointed and acting as the Chairperson
of NEW JERSEY SCHOOLS INSURANCE GROUP (ÕPublic Entity	ö), located at 6000 Midlantic Dr., Suite 300 North, Mount Laurel, NJ organized and
· ·	by certify to Investors Bank that at a meeting of the Board of
	ted or required by law to designate depositories and transact, or
delegate authority to transact, the financial business of the F	Public Entity, duly called and held on11/29/17 (date), in cuments, the following resolutions were duly adopted, and said
resolutions have not been revoked or amended and remain is	
To the extent the organizational, internal or any other gove	rning documents of the Public Entity, as may be amended, is
· · · · · · · · · · · · · · · · · · ·	applicable document is hereby deemed amended in order to
comply with this Resolution.	
Resolutions	
	depository for the funds of this Public Entity. The
	e of person(s) authorized, e.g., President, Secretary, etc.) of ed to open a bank account or accounts from time to time with
Bank for and in the name of the Public Entity with such title	
,, , , , , , , , , , , , , , ,	
• • • • • • • • • • • • • • • • • • • •	e credit of this Public Entity, in such account(s) as the
	e of person(s) authorized, e.g., President, Secretary, etc.) of es, checks, drafts, notes, bills of exchange, acceptances, wire
transfers, ACH, payment orders or other evidences indebtedr	
The Rank is authorized to make payments from the f	funds of this Public Entity on deposit with it, upon and
	e transfer, ACH, payment order, acceptance or other written
instrument or direction of this Public Entity, signed, drawn,	accepted or endorsed by any one of its following officers or
	e be payable to the order of or in favor of any officer of the
· · · · · · · · · · · · · · · · · · ·	there the same be deposited to the individual credit of or the Public Entity or Authorized Person or otherwise (indicate
the name of each Authorized Person):	ie I done Littly of Admonized I cison of otherwise (mateure
WILLIAM M MAYO	EXECUTIVE DIRECTOR
Name	Title
KELLY A MACHU	UNDERWRITING/CLIENT RELATIONS MANAGER
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CHRISTOPHER J RUSSO	NJSIG TRUSTEE
Name	Title
IRENE LEFEBVRE	NJSIG TRUSTEE CHAIRPERSON
Name	Title
The Authorized Persons may transfer or enter into agridisposition of the funds of this Public Entity or otherwise tra	reements with the Bank concerning the transfer or other
229	insuct ousiness on the 1 done Endry & account number (9)



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The Executive Director (indicate Title of person(s) authorized, e.g., President, Secretary, etc.) is hereby authorized and directed to certify to the Bank, from time to time, the names of the officers or agents authorized to sign on behalf of this Public Entity.



The (indicate little of person(s) authorized, e.g., President, Secretary, etc.
signature below is conclusive evidence of his/her authority to act on behalf of the Public Entity.
IN WITNESS WHEREOF and intending to be legally bound hereby, I have hereunto set my hand this day of November, 2017 . Signature:
Name (printed): Irene Le Febvre



I Irene Le Febvre , the undersigned, being duly ele	ected or appointed and acting as the Chairperson
of NEW JERSEY SCHOOLS INSURANCE GROUP (õPublic Entityö), 1 existing under the laws of the State of New Jersey, hereby contrasted of the State of New Jersey, hereby contrasted authority to transact, the financial business of the Public accordance with all applicable laws and organizational documer resolutions have not been revoked or amended and remain in full states.	ocated at 6000 Midlantic Dr., Suite 300 North, Mount Laurel NJ organized and ertify to Investors Bank that at a meeting of the Board of or required by law to designate depositories and transact, or ic Entity, duly called and held on 11/29/17 (date), in ents, the following resolutions were duly adopted, and said
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REBECCA IGLESIAS	OFFICE MANAGER
Name	Title
The Authorized Persons may transfer or enter into agreem disposition of the funds of this Public Entity or otherwise transaction 229	

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The Public Entity hereby guarantees to the Bank the payment of all checks, drafts, notes, bills of exchange, ACH, wire transfers, payment orders and acceptances or other evidences of indebtedness that may at any time be deposited without the endorsement of the Public Entity appearing thereon.

Even if the Bank is provided copies of the Public Entity's internal or organizing documents (including but not limited to articles or certificates of incorporation, bylaws, other resolutions or minutes), the Public Entity acknowledges and agrees the Bank is not charged with notice of the contents of such documents and shall not be obligated to comply with any provision in any of those documents.

To the extent the articles of incorporation or any other organizing or governing document of the Public Entity, as may be amended, is inconsistent with any provisions of this Resolution, the applicable document is hereby deemed amended in order to comply with this Resolution.

The Bank shall not have any responsibility to see to the ultimate use of any funds withdrawn by any Authorized Persons regardless of what the actual provisions of any of the Public Entity's internal or organizing documents may provide with respect to the Authorized Personsø authority or any other limitation or restriction.

The Public Entity agrees to indemnify and hold the Bank harmless against the claims of all others related to this Resolution or arising out of the agreement of the Bank to permit the Authorized Personsø unrestricted rights over the funds deposited with the Bank (including reasonable costs of defense).

The Executive Director (indicate Title of person(s) authorized, e.g., President, Secretary, etc.) is hereby authorized and directed to certify to the Bank, from time to time, the names of the officers or agents authorized to sign on behalf of this Public Entity.



TheChairperson	_ (indicate Title of person(s) authorized, e.g., President, Secretary, etc.)
signature below is conclusive evidence of his/her	authority to act on behalf of the Public Entity.
IN WITNESS WHEREOF and intending to day of November , 20 .	be legally bound hereby, I have hereunto set my hand this Signature:
Nama (printed): Irene Le Fehvre	THIS DAGE NOT NEEDED ONLY ON DT1

# **Investors Bank Signature Card for Government Accounts**

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may have been asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

	Account Details
Account Name	NEW JERSEY SCHOOLS INSURANCE
	GROUP
Account Ownership	GOVERNMENT/MUNICIPAL
Account Type	CHECKING
Date of Opening	CHANGE OF SIGNERS 11/17/2017
Initial Deposit	
Deposit Type	

Account Signer #1		
Name	WILLIAM M MAYO	
Title	EXECUTIVE DIRECTOR	

Account Signer #2			
Name CHRISTOPHER J RUSSO			
Title	NJSIG TRUSTEE		

Account Signer #3		
Name	IRENE LEFEBVRE	
Title	NJSIG TRUSTEE CHAIRPERSON	

Account Signer #4			
Name	JILL DEITCH		
Title	CHIEF LEGAL OFFICER		

Account Signer #5		
Name		
Title		

Associated Account Numbers & Names	
205 CONCENTRATION ACCOUNT	
267 ASSESSMENT COLLECTION ACCOUNT - ZBA	

### **Backup Withholding Certification**

I certify under penalties of perjury that the taxpayer identification number (TIN) shown below is my correct TIN. I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding and I am a U.S. person (including a U.S. resident alien). THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

TINI	22-2887094
IIIV.	22-200/034

X		Date:	
	Signature of TIN Owner/Authorized Signer		

### Signatures

IMPORTANT: You are signing a legal contract. Please read carefully and understand the account terms and conditions before signing. The signer or signers, by signing below, acknowledge receipt of the document, incorporated herein, entitled "Terms and Conditions for Business Accounts", and agree to these terms and conditions. The undersigned also acknowledge receipt of a Business Account Fee Schedule.

Business Account Fee Schedule.	
1. X	
2. X	
3. X	
4. X	
5. X	

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	Account Details
Account Name	NEW JERSEY SCHOOLS INSURANCE
	GROUP
Account Ownership	GOVERNMENT/MUNICIPAL
Account Type	CHECKING
Date of Opening	CHANGE OF SIGNERS 11/17/2017
Initial Deposit	
Deposit Type	

Account Signer #1			
Name WILLIAM M MAYO			
Title EXECUTIVE DIRECTOR			

Account Signer #2				
Name KELLY A MACHU				
Title	UNDERWRITING/CLIENT RELATIONS MGR			

Account Signer #3			
Name CHRISTOPHER J RUSSO			
Title NJSIG TRUSTEE			

Account Signer #4				
Name IRENE LEFEBVRE				
Title	NJSIG TRUSTEE CHAIRPERSON			

Account Signer #5				
Name	JILL DEITCH			
Title	CHIEF LEGAL OFFICER			

Associated Account Numbers & Names
210 OPERATING ACCOUNT - ZBA
253 FSA/DCA ACCOUNT - ZBA
248 PAYROLL ACCOUNT - ZBA

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TIN: 22-2887094

	_ Date: _	
Signature of TIN Owner/Authorized Signer	_	

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<mark>2. X</mark>			

4.	X				

5. X			

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	Account Details
Account Name	NEW JERSEY SCHOOLS INSURANCE
	GROUP
Account Ownership	GOVERNMENT/MUNICIPAL
Account Type	CHECKING
Date of Opening	CHANGE OF SIGNERS 11/17/2017
Initial Deposit	
Deposit Type	

Account Signer #1			
Name	WILLIAM M MAYO		
Title	EXECUTIVE DIRECTOR		

Account Signer #2			
Name	KELLY A MACHU		
Title	UNDERWRITING/CLIENT RELATIONS MGR		

Account Signer #3			
Name	CHRISTOPHER J RUSSO		
Title	NJSIG TRUSTEE		

Account Signer #4			
Name	IRENE LEFEBVRE		
Title	NJSIG TRUSTEE CHAIRPERSON		

Account Signer #5			
Name	REBECCA IGLESIAS		
Title	OFFICE MANAGER		

Associated Account Numbers & Names		
229 CLAIMS ACCOUNT - ZBA		

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Χ	

Signature of TIN Owner/Authorized Signer

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- 1. X
- 2. X\_\_\_\_\_\_
- 3. X\_\_\_\_\_
- 4. X
- 5. X

\_\_\_\_\_ Date: \_\_\_\_\_