

Glassboro Public Schools



MEMO

To: Al Lewis

From: Michael Sloan

Date: January 21, 2026

Re: NJ Arm Account

Recommend Board approval to open an account with the New Jersey Asset & Rebate Management Program (NJ/ARM) for the purpose of holding and managing additional bond proceeds.

Instructions: Use this application to open an Account with the New Jersey Asset & Rebate Management Program (NJ/ARM). If this is your Entity's first Account in NJ/ARM, you must include a completed NJ/ARM New Investor Application for this form to be processed. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page 2. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

NJ/ARM ACCOUNT #:

(Program Use Only)

INVESTOR INFORMATION: (Please complete all fields in this section.)

CGGV2022.03

Investor Name:	<u>Glassboro Board of Education</u>		TIN :	<u>21 - 6000195</u>
(Name that appears on Program records)			(Taxpayer Identification Number)	
Account Title:	<u>Bond Proceeds</u>		(New Account name to display on Program records and Statements)	
Should NJ/ARM establish a corresponding interest Account? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Is this account being set up for bond proceeds? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
Pay dividends by reinvestment in: <input checked="" type="checkbox"/> This Account <input type="checkbox"/> Other NJ/ARM Account: _____				
(Account Number or Account Name)				

INVESTMENT OPTIONS: (Please select the investment option(s) that your Entity may invest in.)

As a Contact authorized to make investment decisions for the Entity listed above, I certify that the selected investments below are permitted investments for the money to be invested.

 NJ/ARM Joint Account NJ/TERM

Note: I hereby acknowledge that the investment option(s) selected above should be added to the pre-established Account listed in the Investor Information section. Any Contact(s), their permission(s), and the banking instructions on record with this Account should not be altered in any way. _____ (Initial only if you are adding an investment option to a pre-established Account.)

SERVICES: (Please select the services that your Entity is interested in. A representative from the Client Services Group will contact you to discuss.)
 ACH Purchase/Redemption Wire Purchase/Redemption NJ/ARM Checking

Note: If a wire/ACH banking instruction is not established for this Account and the monies invested must be distributed to the Entity listed above, the Program reserves the right to distribute this Account's balance and any accrued dividend via check. Should such an event occur, the check will be sent to the Investor's address on record.

CONTACT PERMISSIONS: (Please complete the information below to add or update each Contact's permissions for this Account.)

1. CONTACT INFORMATION: (Contact must be previously established with the Program.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
Contact Name: <u>Michael Sloan</u> First and Last Name (Print) Mailing Address: Agency Name (If Applicable) <u>560 Joseph Bowe Blvd</u> Address <u>Glassboro</u> <u>NJ</u> <u>08028</u> City <u>State</u> <u>Zip</u>	For the new Program Account being established, this Contact may: <input checked="" type="checkbox"/> View Account information. <input checked="" type="checkbox"/> Initiate transactions. <input checked="" type="checkbox"/> Open and close Accounts. <input checked="" type="checkbox"/> Change banking instructions and Account information. <input checked="" type="checkbox"/> Assign permissions to and establish other Contacts. <input checked="" type="checkbox"/> Receive electronic statements. <input type="checkbox"/> Receive paper statements. <small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small>
2. CONTACT INFORMATION: (Contact must be previously established with the Program.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
Contact Name: <u>Talisha Allison</u> First and Last Name (Print) Mailing Address: Agency Name (If Applicable) Address <u>City</u> <u>State</u> <u>Zip</u>	For the new Program Account being established, this Contact may: <input checked="" type="checkbox"/> View Account information. <input checked="" type="checkbox"/> Initiate transactions. <input checked="" type="checkbox"/> Open and close Accounts. <input checked="" type="checkbox"/> Change banking instructions and Account information. <input type="checkbox"/> Assign permissions to and establish other Contacts. <input type="checkbox"/> Receive electronic statements. <input type="checkbox"/> Receive paper statements. <small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small>
3. CONTACT INFORMATION: (Contact must be previously established with the Program.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
Contact Name: First and Last Name (Print) Mailing Address: Agency Name (If Applicable) Address <u>City</u> <u>State</u> <u>Zip</u>	For the new Program Account being established, this Contact may: <input checked="" type="checkbox"/> View Account information. <input type="checkbox"/> Initiate transactions. <input type="checkbox"/> Open and close Accounts. <input type="checkbox"/> Change banking instructions and Account information. <input type="checkbox"/> Assign permissions to and establish other Contacts. <input type="checkbox"/> Receive electronic statements. <input type="checkbox"/> Receive paper statements. <small>*Contact must be on record. All new Contacts must complete a Contact Record form.</small>

Bond Proceeds

(New Account name to display on Program records)

21-6000195

(Taxpayer Identification Number)

4.

CONTACT INFORMATION: (Contact must be previously established with the Program.)

Contact Name: _____
 First and Last Name (Print) _____

Mailing Address: _____
 Agency Name (If Applicable) _____

 Address _____

City _____ State _____ Zip _____

CONTACT PERMISSIONS: (Please select all permissions that apply.)

For the new Program Account being established, this Contact may:

View Account information.
 Initiate transactions.
 Open and close Accounts.
 Change banking instructions and Account information.
 Assign permissions to and establish other Contacts.
 Receive electronic statements.
 Receive paper statements.

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5.

CONTACT INFORMATION: (Contact must be previously established with the Program.)

Contact Name: _____
 First and Last Name (Print) _____

Mailing Address: _____
 Agency Name (If Applicable) _____

 Address _____

City _____ State _____ Zip _____

CONTACT PERMISSIONS: (Please select all permissions that apply.)

For the new Program Account being established, this Contact may:

View Account information.
 Initiate transactions.
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OPTIONAL DOCUMENTATION: (In addition to this form, the following documents are optional.)

- Contact Record (New Contacts Only)
- ACH Setup Instructions
- Wire Setup Instructions

CERTIFICATION & SIGNATURE: (Please have a Contact per Program records who is authorized to open new Accounts sign below.)

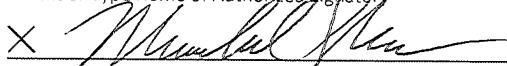
The Contact signing below has full authorization to open Accounts on behalf of the Investor listed above and should meet one the following criteria:

- For a current Investor, this section must be signed by a Contact who is currently authorized to open Accounts per Program records; or
- For a new Investor, this section must be signed by the Contact who signed the certification section of the New Investor Application.

The Program reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when opening Accounts and assigning permissions with the Program. It is the sole responsibility of the Investor to promptly notify NJ/ARM of any changes to authorized Contacts.

Michael Sloan

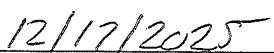
Print or Type Name of Authorized Signatory



Authorized Signature

Business Administrator/Board Secretary

Title/Position



Date

PROGRAM USE ONLY: (Please fax or mail this document to the Client Services Group for their signature below.)


NJ/ARM Representative Signature

Date



Principal Approval Signature

Date

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT:	Log in to Account Access	FAX TO:	NJ/ARM Client Services Group	MAIL TO:	NJ/ARM Client Services Group
Existing Connect	Click <input checked="" type="checkbox"/> Secure Contact		1-800-252-9551		P.O. Box 11760
Users Only	Select file to upload - Send message				Harrisburg, PA 17108

PROGRAM USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	

Bond Proceeds

(New Account name to display on Program records and Statements)

21 -6000195

(Taxpayer Identification Number)

Instructions: Complete this form to add additional Contact's permissions for this Account. If this addendum is needed, it must accompany the Account Application.6. **CONTACT INFORMATION: (Contact must be previously established with the Program)****CONTACT PERMISSIONS: (Please select all permissions that apply)**

Contact Name: _____

First and Last Name (Print)

Mailing Address: _____

Agency Name (If Applicable)

Address

City

State

Zip

For the new Program Account being established, this Contact may:

View Account information.
 Initiate transactions.
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 Receive electronic statements.
 Receive paper statements.

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7. **CONTACT INFORMATION: (Contact must be previously established with the Program)****CONTACT PERMISSIONS: (Please select all permissions that apply)**

Contact Name: _____

First and Last Name (Print)

Mailing Address: _____

Agency Name (If Applicable)

Address

City

State

Zip

For the new Program Account being established, this Contact may:

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8. **CONTACT INFORMATION: (Contact must be previously established with the Program)****CONTACT PERMISSIONS: (Please select all permissions that apply)**

Contact Name: _____

First and Last Name (Print)

Mailing Address: _____

Agency Name (If Applicable)

Address

City

State

Zip

For the new Program Account being established, this Contact may:

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9. **CONTACT INFORMATION: (Contact must be previously established with the Program)****CONTACT PERMISSIONS: (Please select all permissions that apply)**

Contact Name: _____

First and Last Name (Print)

Mailing Address: _____

Agency Name (If Applicable)

Address

City

State

Zip

For the new Program Account being established, this Contact may:

View Account information.
 Initiate transactions.
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 Change banking instructions and Account information.
 Assign permissions to and establish other Contacts.
 Receive electronic statements.
 Receive paper statements.

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10. **CONTACT INFORMATION: (Contact must be previously established with the Program)****CONTACT PERMISSIONS: (Please select all permissions that apply)**

Contact Name: _____

First and Last Name (Print)

Mailing Address: _____

Agency Name (If Applicable)

Address

City

State

Zip

For the new Program Account being established, this Contact may:

View Account information.
 Initiate transactions.
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SEND VIA CONNECT:	Log in to Account Access	FAX TO:	NJ/ARM Client Services Group	MAIL TO:	NJ/ARM Client Services Group
Existing Connect	Click Secure Contact	1-800-252-9551		P.O. Box 11760	
Users Only	Select file to upload - Send message			Harrisburg, PA 17108	

PROGRAM USE ONLY

V2022 03	INITIALS
Processed	
Confirmed	