

Application Form

# State Street Institutional Investment Trust Application

For additional information please call: **(877) 521-4083**

Please mail original application to: **State Street Institutional Investment Trust**  
**PO Box 219737,**  
**Kansas City, MO 64121-9737**

**Important Information  
About Opening a  
New Account**

To help the government fight the funding of terrorism and money laundering activities, federal law requires State Street Institutional Investment Trust (the "Trust"), on behalf of its series (the "Funds"), to obtain, verify and retain information that identifies each person who opens an account. In some cases federal law also requires us to identify and record information that identifies natural persons who control and beneficially own a legal entity that opens an account. What this means for you when you open an account: we will require your name, address, date of birth, and Social Security number (or other government-issued identification number), and we ask for other information that will allow us to verify your identity and, in the case of certain legal identities of natural persons who control and beneficially own the legal entity. In certain circumstances, we may obtain and verify this information with respect to any person(s) authorized to affect transactions in an account. In case of entities such as trusts, estates, corporations, partnerships or other organizations, we may require identifying documentation. If we are not able to verify your identity, the Trust reserves the right to restrict and/or close your account. The Trust will not be responsible for any losses or damages from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

**Internal Use Only**

GCB Code

Account Number

Dealer

US Entity

Non-US Entity (IRS form W-8 required)

**1. Investor Information  
(Select One)**

C Corporation

Partnership

Name of Corporation/Partnership and State of Organisation

Limited Liability Company

S Corporation

Name(s) of Authorised Signers(s)

Other Entity

Tax ID Number

Exempt Organisation

**Check here if you are a government entity or affiliated with a government entity.**

Is this a publicly traded company?

Yes

No

If yes, please provide Ticker symbol

You must supply documentation to substantiate the existence of your organisation. (e.g., Articles of Incorporation/Formation/Organisation, Partnership Agreement, or other official documents.)

Remember to include a separate sheet detailing the full name, date of birth, Social Security number, and permanent street address for all authorised individuals.

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### 2. Beneficial Owner Information

Sections 2 and 3 are required to be completed by corporations, limited liability companies, statutory trusts, general partnerships, and non profits and any similar legal entities. Please complete the table below for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more of the equity interests of the Legal Entity listed in section 1.** If no individuals meet this criteria, please write "Not applicable."

Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table (ex. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).

For Foreign Persons: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

	Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For US Persons)	Passport Number and Country of Issuance (For Foreign Persons)
1.					
2.					
3.					
4.					

### 3. Controller Information

Please complete the table below with the requested information for **one** individual with significant responsibility for managing the Legal Entity listed in section 1, such as an executive officer or senior manager (ex. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions (a beneficial owner named in section 2 can be listed here if appropriate).

For a Foreign Person: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

Name	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For US Person)	Passport Number and Country of Issuance (For Foreign Person)

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### 4. Permanent Street Address

**Residential Address or Principal Place of Business — P.O. Boxes are not allowed.**

Street	APT/Suite	
City	State	ZIP Code
Daytime Phone Number	Evening Phone Number	
Email Address		

#### Mailing Address\* (if Different from Permanent Address)

**If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.**

Street	APT/Suite	
City	State	ZIP Code

\* A P.O. Box may be used as the mailing address.

#### Duplicate Statement #1

**Complete only if you wish someone other than the account owner(s) to receive duplicate statements.**

Company Name		
Name		
Street	APT/Suite	
City	State	ZIP Code

#### Duplicate Statement #2

**Complete only if you wish someone other than the account owner(s) to receive duplicate statements.**

Company Name		
Name		
Street	APT/Suite	
City	State	ZIP Code

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### 5. Investment Advisor (If Applicable)

Firm Name	NSCC Dealer Number
Representative Name	Representative Phone Number

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### 6. Government Entity and Government Plan Certification

Government entities include all state and local governments, their agencies and instrumentalities, and all public pension plans and other collective government funds, including participant-directed plans such as 403(b), 457, and 529 plans.

**Is the undersigned a government entity?**

**If yes, please provide the name of the government entity and the jurisdiction (example: City, State, etc.)**

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### 7. Fund Selection(s)

Initial Investment Amount \$

**(Minimum of \$250,000,000 for Premier Class, \$25,000,000 for Institutional Class, \$10,000,000 for Investor Class, \$1,000 for Administration Class, and \$250 for Investment Class)**

Fund Class	CUSIP	Ticker	Amount Investing	Estimated Funding Date
<b>Institutional Liquid Reserves Fund</b>				
Premier Class	85749P 101	SSIXX		
Institutional Class	85749R 487	SSHXX		
Investment Class	85749P 200	SSVXX		
Investor Class	85749R 461	SSZXX		
Administration Class	85749R 479	SSYXX		
<b>ESG Liquid Reserves Fund</b>				
Premier Class	85749Q158	ELRXX		
Institutional Class	85749Q190	ELFXX		
Investment Class	85749Q174	ELGXX		
Investor Class	85749Q166	ENVXX		
Administration Class	85749Q182	ESBXX		
<b>US Government Money Market Fund</b>				
Premier Class	857492 706	GVMXX		
Institutional Class	857492 573	SAHXX		
Investment Class	857492 805	GVVXX		
Investor Class	857492 649	SAMXX		
Administration Class	857492 656	SALXX		
<b>Treasury Money Market Fund</b>				
Premier Class	857492 888	TRIXX		
Institutional Class	857492 565	SSJXX		
Investment Class	857492 870	TRVXX		
Investor Class	857492 623	SSNXX		
Administration Class	857492 631	SSKXX		
<b>Treasury Plus Money Market Fund</b>				
Premier Class	857492 862	TPIXX		
Institutional Class	857492 557	SAJXX		
Investment Class	857492 854	TPVXX		
Investor Class	857492 599	SAEXX		
Administration Class	857492 615	SSQXX		

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### 8. Primary Redemption Wire Instructions

Bank Name	ABA/Bank Routing Number	
Bank Account Number	Name on Your Account	
City	State	Zip

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### 9. Secondary Redemption Wire Instructions

Bank Name	ABA/Bank Routing Number	
Bank Account Number	Name on Your Account	
City	State	Zip

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### 10. Dividend & Capital Gain Distribution Options

All Dividends & Capital Gains will be automatically reinvested unless you elect to receive such distributions in cash using the options below. If you elect to have all Dividends and Capital Gains automatically reinvested, no wire instructions are necessary.

<b>Dividends</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<b>Capital Gains</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest
Bank Name	ABA/Bank Routing Number				
Bank Account Number	Name on Your Account				
City	State		Zip		

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### 11. Authorized Traders

<b>1. Name</b>	
Phone Number	Email
<b>2. Name</b>	
Phone Number	Email
<b>3. Name</b>	
Phone Number	Email

If there are additional authorized traders to list, please attach additional page.

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### 12. Required Signature(s)

#### By Signing Below You:

1. Verify that you have read the prospectus for each fund in which you are investing.
2. Certify that you have authority and legal capacity to purchase mutual funds shares and are of legal age in your state.
3. Authorize the Funds or their transfer agent to act on telephone instructions believed to be authentic for any service authorized on this form. Provided the Trust employs reasonable procedures to confirm that telephone/ Internet Instructions are genuine, you agree that the Funds, their transfer agent, their respective officers, directors, affiliates and agents will not be liable for any losses, claims, expenses and liabilities that result from accepting such instructions.
4. Understand that mutual funds are not obligations of, or guaranteed by, any bank or insured by the FDIC. You understand that since a mutual fund investment involves risk, including possible loss of principal, the value of an investment, when sold, may be greater or less than the amount originally invested.
5. For corporations, partnerships and other business entities: I/We certify that each person signing below has been elected and is now legally holding the office shown with his or her name, and is authorized to sell, assign, transfer and/or deliver any and all stocks, bonds, and/or other securities registered in the name of this corporation, partnership, or business entity. I/We agree that the Funds or their transfer agent may rely upon this authorization until I/We notify the Funds or their Transfer Agent of any changes by submitting a corporate resolution that is certified within 6 months or a certificate of incumbency that is certified within 60 days of presentation.
6. Understand that the IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.
7. Certify that, to the best of your knowledge, the information provided herein is complete and correct.

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### Important

#### Tax Certification (Substitute W-9)

Exemptions (see instructions)

Exempt payee code (if any)  Exemption from FATCA reporting code (if any)

I understand that federal law requires financial institutions to obtain, verify and record information that identifies each person or entity that opens a new account. Account owners are asked to provide their names, addresses, dates of birth (if applicable) and other information, which may include driver's license numbers or other identification numbers, so that the institution can accurately verify their identity. If the Trust is unable to verify a client's identity within a reasonable time after the account opening, the Trust may restrict or close the account.

#### Under Penalties of Perjury By Signing Below You Certify that (check all that apply):

1. The number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued and will provide the number to the fund as soon as it is issued), and certify that you have authority and legal capacity to purchase mutual funds shares and are of legal age in your state, and
2. You are not subject to backup withholding because: (a) You are exempt from backup withholding, or (b) You have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you and you are no longer subject to backup withholding, and
3. You are a US person (including a US resident alien).
4. The FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting is correct. Certification Instructions: Do not check item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
5. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. If you are subject to backup withholding, check the box in front of the following statement.
6. You have been notified by the IRS that you are subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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Shares of the Funds offered by State Street Institutional Investment Trust are not insured by the FDIC or by any other governmental agency; they are not obligations of the FDIC nor are they deposits nor obligations guaranteed by State Street Bank and Trust Company or any of its affiliates. The Funds pay State Street Bank and Trust Company for its services as custodian and pay SSGA Funds Management, Inc. an affiliate of State Street Bank and Trust Company, for investment advisory and administrative services.

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Although the funds seek to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in the fund.

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**This application must be accompanied or preceded by a prospectus. Read it carefully before you invest.**

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**Authorized Signature**

**Name (Print)**

**Title**

**Date**

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**Authorized Signature**

**Name (Print)**

**Title**

**Date**

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