

STATE OF NEW HAMPSHIRE
STATE TREASURY
CUSTODIAL ACCOUNT AGENCY AGREEMENT

THIS AGREEMENT, entered into by and between the State of New Hampshire Treasury ("State Treasury") as Custodian for the Land Conservation Endowment Monitoring Fund ("Account") and the Council on Resources and Development ("CORD") ("Agency"), authorizes the State Treasury to invest and reinvest in legal investments allowable under RSA 6:8 for the benefit of the Account in compliance with the below instructions. Additionally, the individual(s) designated as Authorized Agents ("Agent(s)") is/are duly authorized to transact on behalf of the Agency and/or authorized to receive statements and account reconciliations of the aforementioned Account.

1. Investment Objective

In accordance with RSA 11:5, all trust funds in the custody of the State Treasurer shall be invested and reinvested in legal investments allowable under RSA 6:8, and all Trust Fund Administrators ("Administrator") shall notify the State Treasurer, at least biennially, of the investment objective of any funds under their control. The aforementioned investment objectives are established by RSA 11:5 and are set forth in the attached Addendum A.

In compliance with RSA 11:5, I, Meredith Hatfield, as Administrator of the above referenced Account, designate Growth/Income (*subject to the attached investment policy*) to be the investment objective for the Account.

Unless specified otherwise in writing by the Administrator, the State Treasurer will provide an annual report on the financial activities of the Account in accordance with RSA 11:5-b.

2. Authorized Agent(s)

On the following page, indicate one of the following levels of authority for those authorized on the Account:

Inquiry Only (I) - This authorization allows the Agent(s) to inquire in the account specified only. They may receive statements and reconciliations for the Account.

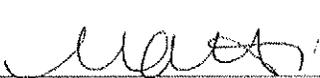
All (A) - This authorization allows the Agent(s) to initiate account transactions on behalf of the Agency in addition to receiving statements and reconciliations for the Account.

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NAME	TITLE	AUTHORIZATION(Check One)
Jane Lemire	Business Director	<input type="checkbox"/> I <input checked="" type="checkbox"/> A
Barbara Shea	Fiscal Manager	<input type="checkbox"/> I <input checked="" type="checkbox"/> A
Fran Manginot	Accountant II	<input checked="" type="checkbox"/> I <input type="checkbox"/> A
		<input type="checkbox"/> I <input type="checkbox"/> A
		<input type="checkbox"/> I <input type="checkbox"/> A

The parties shall update the terms of this agreement biennially in accordance with RSA 11:5. This update shall be initiated by the State Treasurer.

By signing below, both parties agree to the terms as outlined within this agreement.

3/10/15
 (Date) 
 (Meredith Hatfield, Director and Trust Fund Administrator)

3-10-15
 (Date) 
 (William F. Dwyer, State Treasurer and Custodian)