

# Michigan Gaming Control Board

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3062 W. Grand Blvd, Suite L-700, Detroit, MI 48202-6062



## Institutional Investor Manager Form

\_\_\_\_\_  
Name of Fund Manager

\_\_\_\_\_  
Date

REPORT SUSPICIOUS OR ILLEGAL GAMBLING RELATED ACTIVITY ANONYMOUSLY

ANONYMOUS TIP LINE PHONE NUMBER:  
1-888-314-2682

SUBMIT AN ANONYMOUS TIP AT:  
[WWW.MICHIGAN.GOV/MGCB](http://WWW.MICHIGAN.GOV/MGCB)

## Institutional Investor Manager Form

This application form is authorized under the Michigan Gaming Control and Revenue Act ("Act"), 1997 PA 69, MCL 432.201 et. seq.

This form is to be used by the Fund Manager that manages a fund/investment for an Institutional Investor.

### DEFINITIONS

The term "fund manager" refers to the individual(s) responsible for managing the institutional investor and/or fund.

The term "Institutional Investor" in this form means any retirement fund administered by a public agency for the exclusive benefit of federal, state, or local public employees, an employee benefit plan, or pension fund that is subject to the employee retirement income security act of 1974, as amended, an investment company registered under the investment company act of 1940, title I of chapter 686, 54 Stat. 789, 15 U.S.C. 80a-1 to 80a-3 and 80a-4 to 80a-64, a collective investment trust organized by a bank under part 9 of the rules of the comptroller of the currency, a closed end investment trust, a chartered or licensed life insurance company or property and casualty insurance company, a chartered or licensed financial institution, an investment advisor registered under the investment advisers act of 1940, title II of chapter 686, 54 Stat. 847, 15 U.S.C. 80b-1 to 80b-21, or any other person as the board may determine for reasons consistent with the Act.

The term "security" in this form means any equity or debt instrument representing a source of funds provided to a casino licensee or applicant or an affiliated company that has any relationship to the financing of the casino.

### INSTRUCTIONS

The Fund Manager for an Institutional Investor must provide the Board with full and complete information, documents, materials and certifications as requested in the application form, to the best of the Applicant's knowledge and at the Applicant's sole expense.

The Board will not process or otherwise consider whether to grant the requested institutional investor waiver until Fund Manager has completed the information, documents, materials and certifications provided. **Any misrepresentation or omission is grounds for application denial or other disciplinary action authorized under the Board's administrative rules.**

Institutional Investor Manager Form

# Institutional Investor Manager

This form is to be completed by the “fund manager”... Referring to the individual responsible for managing the institutional investor and/or fund.

## Fund Manager Information

Fund Name:			
<b>Fund Manager's Personal Information</b>			
Last Name:			
First Name:			
Full Middle Name:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number:			
Driver License Number:		Issuing State:	
<b>Present Residential Address</b>			
Street Address:			
City:			
State:			
Zip Code:		Country:	
<b>Contact Information</b>			
Telephone Number:		Extension:	
Facsimile Number:			
Email Address:			

**Institutional Investor Manager Form**

**VOLUNTARY CONSENT TO RELEASE INFORMATION**

*To be filled out by the Institutional Investor Manager (Fund Manager).*

I, \_\_\_\_\_  
(NAME OF FUND MANAGER TO EXECUTE THIS RELEASE)

Authorize the Michigan Gaming Control Board, its employees and agents to conduct a preliminary background check.

Therefore, I authorize and request that you release any and all information, materials and documents in your possession which have been requested by any employee or agent of the Michigan Gaming Control Board regarding my personal or business activities. I am voluntarily giving this consent to release information, materials and documents provided that the employee or agent of the Michigan Gaming Control Board properly identifies himself or herself as an agent or employee of the Michigan Gaming Control Board.

This authorization supersedes and countermands any prior authorization and request to the contrary.

This authorization supercedes and countermands any prior authorization and request to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this release at the city of \_\_\_\_\_, State of \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ .

\_\_\_\_\_  
Individual's Signature

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ .

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires:

County of residence: