

Application Form
LOCAL GOVERNMENT INVESTMENT POOL (LGIP)

Commonwealth of Virginia
Department of the Treasury
P. O. Box 1879
Richmond, VA 23218-1879
Local (804) 786-1156 or (800) 643-7800
Fax (804) 225-3478

<i>For Internal Use Only</i> Dealer ID: _____
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New Account Account Change

Date _____

Public Entity Name _____

Account Name _____

Mailing Address _____

Telephone Number _____ Tax Identification Number _____

Fax Number _____ E-mail Address _____

Do you wish to consolidate your account statements? Yes _____ No _____

I, _____ of _____
Name & Title of Primary Authorized Public Official (Type or Print)

am the duly authorized public official charged with the duty of handling public funds for the aforementioned public entity. Pursuant to such authority, I am authorized to delegate and have delegated to the following person(s) the authority to communicate with the State Treasurer's office. Each individual who signs below, including myself, will be authorized to; (i) act on behalf of the public entity in connection with LGIP transactions, (ii) obtain account information, and (iii) establish secure online access to the public entity's LGIP account(s).

1. _____

2. _____

Print Name and Title

Print Name and Title

3. _____

4. _____

Print Name and Title

Print Name and Title

The State Treasurer's office is hereby authorized to act upon purchase or redemption requests for the public entity's LGIP account(s) upon receipt of telephone instructions from any of the above named individual(s), who will identify themselves by name, public entity, and assigned account identification number. Such individual(s) is authorized to act for this public entity until their authority is revoked by written notice to the State Treasurer's office, which notice will be effective upon receipt.

Additional individuals authorized to obtain the public entity's balances and interest information.

1. _____

2. _____

Print Name and Title

Print Name and Title

WITHDRAWAL WIRE TRANSFER INSTRUCTIONS:

I hereby authorize the Commonwealth of Virginia LGIP to act upon instructions received by telephone from an authorized caller to pay amounts representing redemptions from my LGIP account(s) and wire funds to the bank account(s) designated below.

You must include a voided check or preprinted deposit slip.

1. Name of Bank _____ Bank Telephone Number _____
 ABA # _____ Account Number _____
 Account Name _____
 Bank Address _____

Tape your voided check or preprinted deposit slip here.

Any Locality	654
123 Any Street	
Anywhere, VA 45678	
PAY TO THE ORDER OF	
_____	\$ _____
_____	DOLLARS
MEMO _____	
<input type="text" value="123456789"/>	<input type="text" value="123456789876543"/> 654

2. Name of Bank _____ Bank Telephone Number _____
 ABA # _____ Account Number _____
 Account Name _____
 Bank Address _____

Tape your voided check or preprinted deposit slip here.

Any Locality	654
123 Any Street	
Anywhere, VA 45678	
PAY TO THE ORDER OF	
_____	\$ _____
_____	DOLLARS
MEMO _____	
<input type="text" value="123456789"/>	<input type="text" value="123456789876543"/> 654

3. Name of Bank _____ Bank Telephone Number _____
 ABA # _____ Account Number _____
 Account Name _____
 Bank Address _____

Tape your voided check or preprinted deposit slip here.

Any Locality	654
123 Any Street	
Anywhere, VA 45678	
PAY TO THE ORDER OF	
_____	\$ _____
_____	DOLLARS
MEMO	
<input type="text" value="123456789"/>	<input type="text" value="123456789876543"/>
	654

Signature of Primary Authorized Public Official

- The undersigned represents and warrants that he/she has the full power and authority to invest in the LGIP and to make investments on behalf of the above named public entity.
- I hereby request that the LGIP establish an account or accounts for the investment and reinvestment of the public entity's funds in accordance with the LGIP Investment Circular and agree to be bound by the terms as may be supplemented and amended.
- I hereby authorize the LGIP to act on instructions received from those authorized in this application.
- The undersigned agrees that the certifications, instructions and authorizations contained in this application will remain in effect until the LGIP receives written notification of change.

Signature of Primary Authorized Public Official

Date

Print Name and Title