LGIP PARTICIPANT APPLICATION

Office of the State Treasurer, 1700 W. Washington Street, Phoenix, AZ 85007

Send completed form to LGIP@aztreasury.gov

(Type or print information)

PARTICIPANT INFORMATION:

Participant Name _____

Address _____

Participant Type

REQUESTOR INFORMATION:

Employee Name _____

Phone Number _____

Email Address _____

NEW ACCOUNT INFORMATION:

Investment Pool 5 ◯ 7 ◯ 500 ◯ 700 ◯

Account Name _____

For information on LGIP account access and maintenance, please visit our website.

BANK INFORMATION:

Bank Name Bank _____

Address _____

Account No. _____

Wire ABA Routing No. _____

AUTHORIZED SIGNER (Per Authorized List):

Name (Print): _____ Date: _____

Signature: _____

For Internal Use Only

_____ _____ _____

Treasurer Authorization | Date | Account Number