



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 _____

REQUESTOR INFORMATION:

Employee Name _____

Phone Number _____

Email Address _____

NEW ACCOUNT INFORMATION:

Investment Pool 5 7 500 700

Account Name _____

Individuals authorized to process transactions:

	Name	Phone Number	Email
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(Include additional users on a separate page)

BANK INFORMATION:

Bank Name _____

Bank Address _____

Account No. _____

ABA Routing No. _____

AUTHORIZED SIGNER (Per Resolution):

Name (Print): _____ Date: _____

Signature: _____

For Internal Use Only

Treasurer Authorization

Date

Account Number