



STATE AGENCY 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 2 3 4 500 700

Account Name _____

AGENCY INFORMATION:

Dept. Code _____

AFIS Fund No. _____

AFIS Sub Fund No. _____

Statute _____ (attach a copy of the referenced statutes)

Required Balance \$ _____

INTEREST DISTRIBUTION:

_____	_____	_____	4631 _____
Unit	Appr Unit	Function	Revenue Source

For Internal Use Only

_____	_____	_____
Treasurer Authorization	Date	Account Number