



## LGIP PARTICIPANT APPLICATION

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

Send completed form to [LGIP@aztreasury.gov](mailto: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 make deposits, withdrawals and transfers

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

### 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