



STATE AGENCY PARTICIPANT APPLICATION

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

(Please type or print information)

APPLICANT INFORMATION:

Applicant Name _____

Address _____

NEW ACCOUNT INFORMATION:

Investment Pool _____

Fund Name _____

Contact Person _____

Phone Number _____

AGENCY INFORMATION:

Dept. Code _____

AFIS Fund No. _____

AFIS Sub Fund No. _____

Statute _____ (please attach a copy of the referenced statute)

Required Balance _____

INTEREST DISTRIBUTION:

_____	_____	_____	4631
Unit	Appr Unit	Function	Revenue Source

FOR INTERNAL USE ONLY:

Investment Pool _____

LGIP Fund No. _____

LGIP Fund Name _____

Entered: LGIP _____ Custody Bank _____

Treasurer Authorization

Date