

## POLITICAL SUBDIVISION ACCOUNT REQUEST FORM AND ONLINE INVESTMENT ACCOUNT SYSTEM (iPAS) APPLICATION

Political Subdivision:		Tax ID:		
Street Address:		Contact Name:		
Mailing Address:		Phone No.:		
County:		Fax:		
City: State:	Zip: E	mail Address:		
ACCOUNT INFORMATION				
Investment Account Name:	Bank Name:			
Routing Number: Bank Account Number:				
Checking or Savings (check one) Bank Telephone:				
Opening Deposit Amount: \$ Effect	ctive Opening Date:	ACH (Preferred):		
POOL (select one): WV Money Market WV Govt. M	oney Market WV Short Te	erm Bond Pool Check Enclosed:		
Pursuant to the provisions of <i>W. Va. Code</i> § 12-6C-6, the undersigned, on behalf of the above-named Political Subdivision, does hereby request and authorize the West Virginia State Treasurer to establish Investment Account(s) in the name of the Political Subdivision with the Consolidated Fund. The West Virginia State Treasurer is hereby authorized and directed to initiate credit and debit entries as requested by the Political Subdivision, and to reverse any entries made in error into the checking/savings account indicated above. The Political Subdivision has authorized the Financial Institution named above to complete the transactions. This authority shall remain in full force and effect until the West Virginia State Treasurer has received written notification of termination from the Political Subdivision. Notification of termination must be received in a timely manner, so as to afford all parties a reasonable opportunity to act.				
The Political Subdivision acknowledges that the Board of Treasury Investment ("BTI") uses the revenue in the Consolidated Fund to purchase securities and other investments as permitted by law and fully understands and agrees that all funds deposited into its Investment Account(s) will be managed and administered by the BTI and that said funds are subject to the risks and liabilities inherent to all such investment activities. The West Virginia State Treasurer's Office disclaims all liability for the management, investment or development of funds held, maintained and managed by the BTI.				
The undersigned confirms that the governing body of the Political Subdivision has specifically authorized the establishment of one or more Investment Accounts in its name. A copy of said authorization is attached hereto and made a part hereof.				
The undersigned acknowledges that the requested Investment Account(s) will be established and available for access within ten (10) days of the Effective Opening Date.				
Signature:	Title:	Email:		
Printed Name:	Date:	Phone:		
WVSTO Use: Date Received: First Transaction:	Copy to ACH:	iPAS Added:		



## iPAS (Internet Participant Access System) APPLICATION

POLITICAL SUBDIVISION:		
User Status: New: Delete:	Modify:	
ACCESS LEVEL: Inquiry Only: (Statement Viewing Only)	Investment Activity: (Ability to Make Deposits/ Withdrawals)	
ACCOUNT ACCESS: All Accounts:	Limit To: (List Accounts):	
PRINTED NAME:SIGNATURE:		
User Status: New: Delete:	Modify:	
ACCESS LEVEL: Inquiry Only: (Statement Viewing Only)	Investment Activity:  (Ability to Make Deposits/ Withdrawals)	
ACCOUNT ACCESS: All Accounts:	Limit To: (List Accounts):	
PRINTED NAME:	EMAIL:	(REQUIRED)
SIGNATURE:	DATE:	
State Treasurer for the security of the User ID(s) and Poliabilities or harm that may occur from the unauthorized uses of its User notify the West Virginia State Treasurer immediately.	to indemnify and hold harmless, to the extent permitted by law, Password(s). The West Virginia State Treasurer will not be liable to use of the Political Subdivision's User ID(s) and Password(s). If the TID(s) and Password(s), or believes that its security has been com Upon receipt of such notice, the West Virginia State Treasurer will not limited to, voiding the existing User ID(s) and Password(s) a	for any damages, e Political Subdivi- promised, it must I take reasonable
PRINTED NAME:	TITLE:	
SIGNATURE:	DATE:	