



**APPLICATION AND AGREEMENT TO PARTICIPATE  
STATE OF TENNESSEE LOCAL GOVERNMENT INVESTMENT POOL**

Send completed application to Local Government Investment Pool, P.O. Box 198785, Nashville, TN 37219-8785.

Date: \_\_\_\_\_

**MEMBERSHIP DATA**

Name of Government Unit: \_\_\_\_\_

Account Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

**PERSONS TO CONDUCT LGIP TRANSACTIONS (Designate one to receive statements)**

Name (Print or Type): \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BANK WHICH WILL PROCESS TRANSFERS TO AND FROM LGIP (Attach deposit slip or bank letter for each account.)**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank T/R Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Account: \_\_\_\_\_

Do you wish to authorize other LGIP accounts established by your local government to receive transfers from this account?  
 yes  no If yes, please provide a list of account numbers and names.

**NOTARIZATION**

(I/We) hereby make oath that (I/we) are authorized by the government unit named above to enter into this agreement with the Tennessee Local Government Investment Pool and to transact business therewith. The governing body accepts the terms and conditions of the LGIP as may be set forth from time to time by the State Treasurer in authorized written communication. We agree to provide prompt written notification of any change in authorized personnel.

Name (Print or Type): \_\_\_\_\_ Title: \_\_\_\_\_ Signature of Authorized Officer(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_; County of \_\_\_\_\_; State of Tennessee

Notary Public Signature

Date My Commission Expires

SEAL:

For LGIP Office Use Only:

Account Number Assigned \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION INSTRUCTIONS

Return this application to LGIP Office, P.O. Box 198785, Nashville, Tennessee 37219-8785. A copy should be retained for your records. Complete the lines on the application as follows:

**Date** is current date on which application is completed.

### MEMBERSHIP DATA

**Name of Government Unit** is the name of the governmental unit for which the account(s) is being opened.

**Account Name** is the name in which the governmental unit wishes the LGIP to carry its account. (This may reflect the purpose for which funds are being invested, e.g. "General Fund".)

**Address** is the mailing address to which all LGIP statements and other mailed communication is to be directed.

**County** is the name of the county in which your governmental unit is located.

**Phone** is the telephone number at which an authorized person of your unit can be reached regarding LGIP matters.

**Fax Number** is the number of the facsimile machine convenient to your operation (if applicable).

### PERSONS TO CONDUCT LGIP TRANSACTIONS

**Name, Title, and Signature** of the individuals of your unit who are designated to transact business in the LGIP. *Please indicate with an asterisk the person to whom statements should be mailed.*

### BANK WHICH WILL PROCESS TRANSFERS TO AND FROM LGIP

**Bank Name** is the bank from which you will make LGIP deposits and to which withdrawals from the LGIP will be sent.

**Bank Address** is the mailing address of the bank named above.

**Bank Transit/Routing Number** is the routing number of the bank named above.

**Account Number** is the number of your account at the bank named above.

**Name of Account** is the designated name in which the bank named above carries your account.

*Be sure to attach a deposit slip or bank letter for each bank account you will be using for LGIP transactions.*

### NOTARIZATION

**Name, Title, and Signature** of the authorized officer(s) entering into this agreement with the LGIP for the governmental unit. Officer(s) should sign application before a notary public.

**Notary Public Signature, Dates and Seal** must be completed by a notary public in order for your application to be accepted.

**NOTE:** Upon receipt and acceptance of this application by the LGIP office, you will be notified by mail of your LGIP account number. You will have to have this number in order to transact business in the LGIP and the identity of the number should be restricted to authorized personnel. *Should there be any changes to the information on this application, an Information Change Form should be completed immediately.*