



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

Political Subdivision: Tax ID: Street Address: Contact Name: County: Phone No.: City: State: Zip: Email Address:

ACCOUNT INFORMATION

Investment Account Name: Bank Name: Routing Number: Bank Account Number: Checking or Savings (check one) Bank Telephone: Opening Deposit Amount: Effective Opening Date: ACH (Preferred): POOL: WV Money Market WV Govt. Money Market WV Short Term Bond Pool Check Enclosed:

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Pursuant to the provisions of W. Va. Code § 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 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 undersigned warrants 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 No.:

WVSTO Use: Date Received: First Transaction: Copy to ACH: iPAS Added:

iPAS (the online investment account system) APPLICATION

NEW USER MODIFY USER (Requested Change) _____ DELETE USER

PRINTED NAME: _____ EMAIL: _____ **(REQUIRED)**

SIGNATURE: _____ DATE: _____

ACCESS LEVEL Investment Activity or Inquiry Only

 All Accounts or Limit To: (List Accounts): _____

NEW USER MODIFY USER (Requested Change) _____ DELETE USER

PRINTED NAME: _____ EMAIL: _____ **(REQUIRED)**

SIGNATURE: _____ DATE: _____

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SIGNATURE: _____ DATE: _____

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 All Accounts or Limit To: (List Accounts): _____

The Political Subdivision is responsible for and agrees to indemnify and hold harmless, to the extent permitted by law, the West Virginia State Treasurer for the security of the User ID(s) and Password(s). The West Virginia State Treasurer will not be liable for any damages, liabilities or harm that may occur from the unauthorized use of the Political Subdivision's User ID(s) and Password(s). If the Political Subdivision becomes aware of any unauthorized use of its User ID(s) and Password(s), or believes that its security has been compromised, it must notify the West Virginia State Treasurer immediately. Upon receipt of such notice, the West Virginia State Treasurer will take reasonable steps to protect the account information, including, but not limited to, voiding the existing User ID(s) and Password(s) and issuing a new User ID(s) and Password(s).

PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____