



STATE AGENCY ACCOUNT REQUEST FORM

State Agency: _____ Tax ID: _____
Street Address: _____ Contact Name: _____
City: _____ State: _____ Zip: _____ Phone No.: _____

ACCOUNT INFORMATION

POOL: WV Money Market [] WV Govt. Money Market [] WV Short Term Bond Pool []

Account Name: _____

WVFIMS Fund: _____ WVFIMS Org: _____ WV Code Authorizing Investment: _____

Pursuant to the provisions of W. Va. Code §12-6C-6, the undersigned, on behalf of the above-named State Agency, does hereby request and authorize the West Virginia State Treasurer to establish an Investment Account in the name of the State Agency with the Consolidated Fund.

The State Agency acknowledges that the Board of Treasury Investments ("BTI") uses the revenue in the Consolidated Fund to purchase securities and other investments as permitted by law. The State Agency fully understands and agrees that all funds deposited into its Investment Account 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 warrants that the governing body of the State Agency (i.e., the Board, Director, Commissioner, etc.) has specifically authorized the establishment of an Investment Accounts for the State Agency. A copy of said authorization is attached hereto and made a part hereof.

Account Requested by: _____

Table with 4 columns: Name, Signature, Title, Date

Other employees authorized to make deposits and withdrawals on the account on behalf of the State Agency:

Table with 4 columns: Name, Signature, Title, Date

Table with 4 columns: Name, Signature, Title, Date

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iPAS STATE AGENCY APPLICATION

STATE AGENCY NAME _____

NEW USER MODIFY USER (Requested Change) _____ DELETE USER

PRINTED NAME: _____ EMAIL: _____
(REQUIRED)

SIGNATURE: _____ DATE: _____

NEW USER MODIFY USER (Requested Change) _____ DELETE USER

PRINTED NAME: _____ EMAIL: _____
(REQUIRED)

SIGNATURE: _____ DATE: _____

NEW USER MODIFY USER (Requested Change) _____ DELETE USER

PRINTED NAME: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____
(REQUIRED)

NEW USER MODIFY USER (Requested Change) _____ DELETE USER

PRINTED NAME: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

The State Agency is responsible for and agrees to indemnify and hold harmless, to the extent permitted by law, the West Virginia State Treasurer's Office for the security of the User ID(s) and Password(s). The West Virginia State Treasurer's Office will not be liable for any damages, liabilities or harm that may occur from the unauthorized use of the State Agency's User ID(s) and Password(s). If the State Agency becomes aware of any unauthorized use of its User ID(s) and Passwords(s), or believes that its security has been compromised, it must notify the West Virginia State Treasurer's Office immediately. Upon receipt of such notice, the West Virginia State Treasurer's Office 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: _____