

OFFICE OF THE WASHINGTON STATE TREASURER
LOCAL GOVERNMENT INVESTMENT POOL and/or REVENUE DISTRIBUTION
TREASURY MANAGEMENT SYSTEM (TM\$)
WEB CLIENT LOGON AUTHORIZATION FORM

Name of Entity:

Note: each Full access LGIP person must also be listed on the Transaction Authorization Form. Please fill out this form completely, including any existing information, as this form will **replace** the previous form.

TM\$ LGIP / Revenue Dist. Web access requested for the following

1. Add Delete Update No Change 2. Add Delete Update No Change
 LGIP: Full Access View only **Rev Dist:** View only LGIP: Full Access View only **Rev Dist:** View only

Name:	Name:
Title:	Title:
E-mail address:	E-mail address:
Phone:	Phone:
OST Appr Date: UserID:	OST Appr Date: UserID:

3. Add Delete Update No Change 4. Add Delete Update No Change
 LGIP: Full Access View only **Rev Dist:** View only LGIP: Full Access View only **Rev Dist:** View only

Name:	Name:
Title:	Title:
E-mail address:	E-mail address:
Phone:	Phone:
OST Appr Date: UserID:	OST Appr Date: UserID:

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By signature below, I certify I am authorized to represent the institution/agency for the purposes of this transaction.

<i>(Authorized Signature)</i>	<i>(Title)</i>	<i>(Date)</i>
<i>(Print Authorized Name)</i>	<i>(E-mail address)</i>	<i>(Phone no.)</i>

Any changes to these instructions must be submitted in writing to the Office of the State Treasurer. Please mail this form to the address listed below:

OFFICE OF THE STATE TREASURER
 LOCAL GOVERNMENT INVESTMENT POOL
 LEGISLATIVE BUILDING
 P. O. BOX 40200
 OLYMPIA WA 98504-0200
 Fax: 360/902-9044

Date Received: ____ / ____ / ____
Fund Number: _____
OK'd by: _____
<i>(For OST use only)</i> 02/22/13