**LONG-TERM INVESTMENT ACCOUNT CONTACT INFORMATION FORM**

**MINNESOTA PERA**

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| --- | --- | --- | --- |
| **Employer Information (please print or type)** | | | |
| Name of Employer (governmental subdivision) | | |  |
| PERA Employer Unit ID Number(s) | | Taxpayer ID # |
| Address City Zip | | |
| Authorized Signer for Withdrawals or Transfers Title | | |
| Signature: | | |
| Person to contact in case of transactional questions | Phone | |
| E-mail Fax | | |

|  |  |
| --- | --- |
| **Bank Information**  *Basic bank information is needed for identification purposes when several payments are wired to our account on the same day.* | |
| Bank Name | |
| Bank Routing and Transit Number *(requires 9 digits)* | Account Number |

**Trade Confirmation Email List**

*List up to two people who should receive confirmations via e-mail each time a trade occurs.*

Name E-mail Address

Name E-mail Address

**Return this copy to:** [pera.accounting@mnpera.org](mailto:pera.accounting@mnpera.org) and [acctg.sbi@state.mn.us](mailto:acctg.sbi@state.mn.us).

**Contact Form Instructions**

This contact form is to permit payments via wire transfer to fund a Long-term investment account as authorized in Minnesota Statutes 118A.09. If you have questions, please contact PERA’s Finance team at [pera.accounting@mnpera.org](mailto:pera.accounting@mnpera.org).

**Name of Employer:** The name of your county, city, township, school district, or entity.

**Employer Unit ID Number:** This is your 6-digit employer ID as assigned by PERA when you joined

PERA and is found on your Salary Deduction Report.

**Taxpayer ID#**: Your organization’s Federal TIN.

**Address:** Address used to receive paper reports.

**Authorized Signer:** Include the name and title of the person who is authorized to sign a form when the employer wants to withdrawal or transfer assets. When a withdrawal is requested, PERA and SBI will require a signature from this person or his/her successor.

**Contact in Case of Problems:** If we have problems processing a payment, this is the name and contact information for the person we should contact in your agency.

**Bank Name:** The name of the financial institution payments will be wired from.

**Routing and Transit Number:** The 9-digit routing transit number of your financial institution.

**Bank Account Number:** Your checking or savings account to be used for payment remittances.

The account number should not exceed 17 digits.

**Confirmation E-mail Contacts:** Every time a trade is processed, a confirmation will be emailed to the person(s) on this list. Up to two contacts may be entered.