***LOCAL GOVERNMENT LONG TERM INVESTMENT POOL***

**FUNDS CONTRIBUTION/WITHDRAWAL REQUEST**

**LOCAL GOVERNMENT UNIT:**

**TRANSACTION DATE:**

**CONTRIBUTION**

AMOUNT:

FROM (BANK NAME):

**WITHDRAWAL**

AMOUNT:

TO BANK NAME: ROUTING # :

BANK ACCOUNT # : Special Instructions:

**AUTHORIZED BY:**

***Signature Title***

***(Please Print Name) Date***

***By authorizing a contribution you certify that the investor meets the statutory qualifications for participation in the Long-term Investment program as of the date of the contribution.***

***TO ENSURE TIMELY HANDLING, PLEASE EMAIL THIS FORM TO (ALL) THE FOLLOWING:***

|  |  |
| --- | --- |
| **PERA** PERA.Accounting@mnpera.org | **MN STATE BOARD OF INVESTMENTS**acctg.sbi@state.mn.us |