

**OFFICE OF TREASURER OF STATE**

\_\_\_\_\_

(Bank Name)

\_\_\_\_\_

(Address)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(City)

(State)

(Zip Code)

To insure that your State Treasury investments are handled properly, please provide the information requested in the spaces below.

NAME

TITLE

PHONE

President: \_\_\_\_\_

Investment contact: \_\_\_\_\_

Collateral contact: \_\_\_\_\_