Print Form

DBF

Diversified Bond Fund

Idaho State Treasurer's Office

DBF Application for a New Account

This form cannot be submitted electronically. Please complete form online, click "print form" button, then mail the form to the location listed in the footer.

To open an account with the State Treasurer's Diversified Bond Fund this **application must be completed and signed by an authorized member of the agency's governing body**. Accounts can only be activated on the 1st of the month and applications should be received by the ISTO at least two days prior to that. The signed application authorizes the Diversified Bond Fund to invest funds of this agency pursuant to Idaho **Codes 67-1210** and **67-1210A**.

Agency Name: _____ Contact Name: _____

Mailing Address: _____ Telephone: _____

_____ Fax: _____

City, State, Zip: _____ Email: _____

State Agencies ONLY - Please provide the following information:

Agency #: ____ Fund #: ____ Index #: ____ PCA #: ____ Grant #: ____ (If applicable) Budget #: ____ (If applicable)

Amount of deposit: _____ (Please do NOT enter commas)

Earnings should be deposited to:

☐ DBF (re-invested) ☐ IDLE (short term fund)

Municipalities ONLY - Please provide the following information**:**

Funds to be transferred from LGIP Account #: _____

Amount to be transferred: _____ (Please do NOT enter commas)

Authorization will be indicated by an original signature on the bottom of this form. By signing below, you acknowledge you have read the ***Diversified Bond Fund Statement of Understanding and the Investment Policy*** (located on the DBF web page) and agree to the terms and conditions stated therein, and any subsequent changes thereto. A copy of any changes to the Statement of Understanding or Investment Policy will be provided upon request.
This authorization is to remain in full force and effect until the State Treasurer receives notification from us of its termination in such time and in such manner as to afford the State Treasurer and depository a reasonable opportunity to act on it. Applicant will be responsible for notifying the STO of any future changes made to the information listed on this application.

Name: _____ Title: _____

_____

Signature of Board Member (authorized to act on behalf of above named agency) Date: _____

Idaho State Treasurer's Office, DBF
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