



LGIP
Local Government Investment Pool

Julie A. Ellsworth
Idaho State Treasurer
Idaho State Treasurer's Office

FUND INACTIVATION AUTHORIZATION

The completed form can be faxed, scanned and emailed or mailed to the address below.

Please check the box below (one choice) indicating the desired method of closure. A new form must be completed for each investment fund affected. Authorization shall be indicated by an original signature on the bottom of this form by a member of this agency's governing board.

AGENCY NAME: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

CITY, STATE: _____ ZIP: _____

FUND NUMBER TO INACTIVATE: _____

Check here to transfer all monies (including Cash and Current Earnings Balance) into another LGIP fund for the same agency.
(Transaction will take place at the time of LGIP distribution which occurs the month following the inactivation.)

Fund Number to transfer cash and current earnings balance INTO: _____

OR

Check here to inactivate an LGIP Fund and transfer all monies (including Cash and Current Earnings Balance) to the agency's designated bank account on file, by ACH Withdrawal.
(Transaction will take place at the time of LGIP distribution which occurs the month following the inactivation.)

The signature below, **by an authorized member of this agency's governing board**, will hereby authorize the State Treasurer to update the account files with the above information. Agency will include a roster of current authorized board members, on its own letterhead, with this Inactivation Authorization.

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.

NAME of Board Member:

TITLE of Board Member:

SIGNATURE of Board Member
(authorized to act on behalf of above named agency)

DATE