



Ron G. Crane
 Idaho State Treasurer
 Idaho State Treasurer's Office

DBF APPLICATION FOR NEW ACCOUNT:

This information is approved by this agency's governing board for the purpose of establishing an account with the State Treasurer's Office, specifically the Diversified Bond Fund. Accounts can only be funded on the last business day of the month and applications should be received by the STO at least five 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 / Municipality: _____ Contact Name: _____

Mailing Address: _____

City, State, Zip _____

E-Mail Address: _____

Telephone: _____ Fax #: _____

State Agencies ONLY: Please provide the following information:

Agency Number:		Fund Number:	
TransCode(J Batch):		TransCode(K Batch):	
Index Number:		PCA Number:	
Grant Number:		Budget Number:	
Rev Sub Obj:		Subsidiary:	
Exp Sub Obj:			

*All DBF Earnings will be reinvested into the fund.

Authorization will be indicated by an original signature on the bottom of this form **by an authorized member of this agency's governing board**. **Municipalities:** will include a roster of current authorized board members, on its own letterhead, with the application; **State Agencies:** will include a roster of approved state employees to act on their behalf, signed by the department head; and each will be responsible for providing the STO any future updates to this information as they occur.

By signing below, you acknowledge you have read the **Diversified Bond Fund Statement of Understanding and Investment Policy** 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.

 Name of Board Member

 Title of Board Member

 Signature of Board Member
 (Authorized to act on behalf of above named agency)

 Date