STATE OF OREGON
OFFICE OF THE STATE TREASURER
INVESTMENT DIVISION
16290 SW UPPER BOONES FERRY ROAD
TIGARD, OREGON 97224

OREGON LOCAL GOVERNMENT INTERMEDIATE FUND – APPLICATION

This information is approved by (Local Government Name) _____ for the purpose of establishing with the Oregon State Treasury (OST) an account in the Oregon Local Government Intermediate Fund (OLGIF). Accounts can only be activated on the 1st of the month and applications should be received by the OST at least ten business days prior. The signed application authorizes the OLGIF to invest funds of this entity pursuant to ORS Chapter 234 and Oregon State Treasury ("OST") Policy.

Local Government Full Legal Name: _____

Street Address: _____

City, State, Zip: _____

Primary Contact Name: _____

Primary Contact E-Mail Address: _____

Primary Contact Telephone: _____ Primary Contact Fax: _____

Attach a **copy of the following documents** to meet eligibility requirements as listed in the OLGIF Prospectus including:

- ***Authorization Agreement for Direct Deposit (ACH CREDITS)*** *(available on OST website)*
- ***OLGIF Authorized Signatures*** *(available on OST website)*
- ***Most recent OSTF Statement***
- ***Governing Body Minutes documenting Statement of Understanding and authorization to participate in OLGIF***
- ***Investment Policy with OLGIF as approved investment and OSTF Board Letter of Investment Policy Review***

By signing below, you acknowledge ***you have read and understand the Oregon Local Government Intermediate Fund Prospectus and Portfolio Guidelines*** and agree to the terms and conditions stated therein, and any subsequent changes thereto. Furthermore, you certify that you have consent of your entity's governing body to invest in the Oregon Local Government Intermediate Fund ("OLGIF") and authority to invest in OLGIF.

This authorization is to remain in full force and effect until the Oregon State Treasury receives notification from the applicant of its termination in such time and in such manner as to afford the State Treasury a reasonable opportunity to act on it.

_____ _____
Name of Applicant's Investment Manager Official Title of Applicant Investment Manager

_____ _____
Signature of Applicant Investment Manager Date
(Authorized to act on behalf of above named local government)

Submit application to the following address:
Attn: Oregon Local Government Intermediate Fund
Office of the State Treasurer, Investment Division
16290 SW Upper Boones Ferry Road
Tigard, OR 97224