



**OREGON INTERMEDIATE TERM POOL (OITP) – APPLICATION FOR NEW ACCOUNT**

This information is approved by this agency’s Director for the purpose of establishing with the Oregon State Treasury (OST) an account in the Oregon Intermediate Term Pool (OITP). Accounts can only be activated on the 1<sup>st</sup> of the month and applications should be received by the OST at least ten business days prior. The signed application authorizes the OITP to invest funds of this agency pursuant to Oregon Statutes (a copy of the relevant Oregon Statutes authorizing the applicant to invest in OITP should be provided by the applicant and included with this application).

**Agency Name:** \_\_\_\_\_ **Agency Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

- Authorization will be indicated by a signature on the bottom of this form **by the Director of this agency**.
- Please include a roster of **approved employees of the applicant to act on the applicant’s behalf**.
- Please include a **copy of the relevant Oregon Statutes** authorizing the applicant agency to invest in OITP.

By signing below, you acknowledge **you have read the Oregon Intermediate Term Pool’s Prospectus and Portfolio Guidelines** and agree to the terms and conditions stated therein, and any subsequent changes thereto. Furthermore, you certify that you have the consent of your agency’s governing body to invest in the Oregon Intermediate Term Pool (OITP) and that the agency you direct has statutory authority to invest in the Oregon Intermediate Term Pool (OITP).

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 Director**

\_\_\_\_\_  
**Official Title of Applicant’s Director**

\_\_\_\_\_  
**Signature of Applicant’s Director**  
(Authorized to act on behalf of above named agency)

\_\_\_\_\_  
**Date**

**Date to be opened\*:** \_\_\_\_\_

\*Account MUST be funded in the same month it is opened- FEES ACCRUE IN MONTH OF OPENING

Submit application to the following address:

Attn: Oregon Intermediate Term Pool  
Office of the State Treasurer  
Investment Division  
16290 SW Upper Boones Ferry Road  
Tigard, OR 97224

**(For Treasury use only)**

Pool Account Number Assigned:

