



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

This information is approved by this agency’s or public university’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 1st 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 or public university 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 or public university: _____ **Agency or public university Number:** _____

Name: 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 or public university** .
- 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 or public university 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 or public university’s governing body to invest in the Oregon Intermediate Term Pool (OITP) and that the agency or public university 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 or public university)

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:

