

Department of State Treasurer
Application for Short Term Investment Fund (STIF) Account

Applying Entity: _____

Statutory Authority for participation in STIF: _____ G.S. 147-86.11(e)(1a); or _____ G.S. 147-69.3(b); or _____ G.S. 116-36.1
 (Required) (Voluntary) (University)

Type of Entity: _____ State Agency _____ Local Education Agency _____ Community College _____ University
 _____ Commission/Board -- G.S. reference: _____
 _____ Other -- with a State employee/official being the custodian (e.g., association or foundation)

If "Other," name of Chief Fiscal Officer of the related State agency / college: _____
 (An accompanying letter from the Chief Fiscal Officer is required verifying the relationship and authorizing the account.)

<p>Custodian (Applying Entity)</p> <p>Name: _____ Title: _____ Address: _____</p> <p>Tel: _____ Fax: _____ E-mail: _____</p>	<p>Primary Contact (For statements and advices)</p> <p>Name: _____ Title: _____ Address: _____</p> <p>Tel: _____ Fax: _____ E-mail: _____</p>
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Security Administrator for CB\$ (Online Banking System)
 Name: _____ Tel: _____ E-mail: _____

Name(s) of individual(s) to be executing signature card:

Name (typed): _____ Title: _____
 Name (typed): _____ Title: _____

Accounting:
 Are the funds included in the State's Comprehensive Annual Financial Report (CAFR)? _____ (Yes/No)
 If "No" in which entity's annual financial report are the funds included? _____

Certification by Custodian (Applying Entity):
 I certify that the information contained herein is correct.

 Name (Type or Print) Signature

 Title Date

For use by the Department of State Treasurer:
 STIF Account Number: _____ (Assigned by Banking) Date: _____
 Flexcube Customer ID Number: _____ (Setup on Flexcube) Date: _____
 Copy of this application provided to the Office of State Controller (for CAFR purposes) Date: _____