

Treasurer's Office Use Only	
Parent Acct # _____	
Approach _____	
Email _____	
IPAS _____	QED _____

**WYO-STAR
Participation Request Form**

DATE: _____ WYO-STAR Account# _____

Name of Participant Account: _____

Address: _____

City/Zip: _____ Tax ID #: _____

Telephone#: _____

Primary Contact & Title: _____

Email Address: _____

Persons authorized to transact business within the WYO-STAR account:

<u>Printed Name</u>	<u>Signature</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(IPAS) Internet Participant Access System = Participant Statement and Activity Access
 IPAS Access: ___Yes___No ******

Type: **Read Only** (RO) **Withdrawals*** (WTH) **Transfers** (TRNS) **Deposits** (Dpt)

Please indicate the type of IPAS preference in the IPAS area next to the authorized persons.

<u>Printed Name</u>	<u>Signature</u>	<u>IPAS TYPE</u>	<u>Phone # to contact each</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***NOTE: If more than one signature is required for withdrawal of funds, the letter of authorization must be in the State Treasurer's Office prior to the contribution or withdrawal date. Faxed copies are accepted.**

****Please note NOT all persons authorized to transact business as an authorized signer need to have IPAS access.**

Please scan and email to wvostar@wyo.gov