



New Change Close

Treasurer's Office Use Only	
Parent Acct #	_____
Access	_____
Email	_____
IPAS	_____ QED_____

WYO-STAR
AGREEMENT TO PARTICIPATE
STATE OF WYOMING LOCAL GOVERNMENT INVESTMENT POOL (LGIP)

This Form is to OPEN and CLOSE

Send completed application to: Wyoming State Treasurer, WYO-STAR, 200 West 24th, Cheyenne, Wyoming 82002 or email to Wyostar@wyo.gov

Date: _____ WYO-STAR Account # _____

Participant Data

Account Name of Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Fax: _____

Email: _____ Tax ID # _____

Contact Person: _____

Bank information (Attach deposit Slip for each account)

Bank Name: _____

Bank Address: _____

Bank T/R Number: _____

Account Number: _____

Name of Account: _____

If this WYO-STAR account is authorized to send funds to multiple bank accounts please list on a separate page and attach deposit slips.

Do you wish to authorize other WYO-STAR accounts established by your local government to receive transfers from this account? Yes No If yes, please provide a list of account numbers and names.

Indemnification. The Participant shall release, indemnify, and hold harmless the State of Wyoming, the Treasurer's Office, and their officers, agents, and employees from any and all claims, suits, liabilities, court awards, damages, costs, attorneys' fees, and expenses arising out of Participant's failure to perform any of Participant's duties and obligations hereunder or in connection with the negligent performance of Participant's duties or obligations, including, but not limited to, any claims, suits, liabilities, court awards, damages, costs, attorneys' fees, and expenses arising out of Participant's negligence or other tortious conduct.

Sovereign Immunity and Limitations. Pursuant to Wyo. Stat. § 1-39-104(a), the State of Wyoming and Treasurer's Office expressly reserve sovereign immunity by entering into this Agreement and specifically retain all immunities and defenses available to them as sovereigns. The parties acknowledge that the State of Wyoming has sovereign immunity and only the Wyoming Legislature has the power to waive sovereign immunity. Designations of venue, choice of law, enforcement actions, and similar provisions shall not be construed as a waiver of sovereign immunity.

The parties agree that any ambiguity in this Agreement shall not be strictly construed, either against or for either party, except that any ambiguity as to sovereign immunity shall be construed in favor of sovereign immunity.

Construction and Venue. The construction, interpretation, and enforcement of this Agreement shall be governed by the laws of the State of Wyoming, without regard to conflicts of law principles. The Courts of the State of Wyoming shall have jurisdiction over this Agreement and the parties. The venue shall be the First Judicial District, Laramie County, Wyoming.

Entirety of Contract. This Agreement represents the entire and integrated Contract between the parties and supersedes all prior negotiations, representations, and agreements, whether written or oral.

Signatures. (I/We) hereby attest under penalty of perjury that (I/We) are authorized by the government unit named above to enter into this Agreement with the Wyoming State Treasurer and to transact business therewith. We agree to provide prompt written notification of any change in authorized personnel. Further (I/We) understand that this is an INVESTMENT account, and as such could have INVESTMENT gains or losses. All market risks are assumed by the Participant.

Persons to conduct WYO-STAR Transactions (*designate one to receive statements*)

Number of signatures required to complete transactions: _____

Printed Name/Title	Signature	Statements	IPAS
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

(IPAS) Internet Participant Access System = Participant Statement and Activity Access

IPAS Access: Yes No *

***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 withdrawal date. Faxed copies are accepted.**

Type: Read Only (R) Withdrawals (W) Deposits (D) Transfers between accts (T) All (A)

Printed Name & Title	Signature	IPAS Type	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK.

Close WYO-STAR account

Please close WYO-STAR Account # _____ and send account balance and future payments to bank account on file.

Or

Transfer any funds to WYO-STAR Account #: _____

Signed by an Authorized Representative: _____
[Authorized Signer]

Name: _____
[Printed Name]

Signed by an Authorized Representative: _____
[Authorized Signer]

Name: _____
[Printed Name]

Note: Must be signed by an authorized signatory on the above listed account. If more than one signature is required, this document must be signed by the authorized number of signatories.