



New

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**WyoSTAR  
AGREEMENT TO PARTICIPATE  
STATE OF WYOMING LOCAL GOVERNMENT INVESTMENT POOL (LGIP)**

Email completed application to [wyoSTAR@wyo.gov](mailto:wyoSTAR@wyo.gov).

Date: \_\_\_\_\_

WyoSTAR Account Type:  WSI  WSII

WyoSTAR Account # \_\_\_\_\_

Initial Deposit Amount: \_\_\_\_\_

*\*Leave blank if opening a new account.*

*\*New Account Only*

**Participant Data**

Account Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Tax ID # \_\_\_\_\_

**Bank Information**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank T/R Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Account: \_\_\_\_\_

**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 WyoSTAR Transactions**

**Number of signatories required to complete a transaction:** \_\_\_\_\_

*(iPAS) Internet Participant Access System = Participant Statement and Activity Access*

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

<u>Printed Name &amp; Title</u>	<u>Signature</u>	<u>iPAS Type</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Close WyoSTAR account**

Please Close WyoSTAR Account # \_\_\_\_\_, and

Send account balance and future payments to bank account on file.

**OR**

Transfer any funds to WyoSTAR Account #: \_\_\_\_\_

Signed by an Authorized Representative: \_\_\_\_\_  
[Authorized Signer]

Name: \_\_\_\_\_  
[Printed Name]

Signed by an Authorized Representative: \_\_\_\_\_  
[Authorized Signer]

Name: \_\_\_\_\_  
[Printed Name]