



Account Application & Agreement Form

Public Entity Registration

Public Entity

Address

City State Zip

Parish

Phone Fax

E-Mail Address

Tax I.D. #

Fiscal Year End

Account Registration & Investment/Transfer Information

LAMP Account Name

Authorized Person

Additional Authorized Person

Phone Fax

Person To Receive Monthly Statements

Person To Receive Transaction Confirmations

Key Contact

Bank Name

Bank Routing Number (ABA Number)

Bank Account Number

Bank Contact Phone

Type of Bank Account: Checking Savings

Select Redemption Option: Federal Reserve Wire ACH

Participant No:

Account No:

I represent and acknowledge that I am legally authorized to act on behalf of the public entity named above and that the public entity has authority to invest in the LAMP. I acknowledge receipt of the Depositing Members' Information Statement, and I acknowledge that I have made my decision to invest in the LAMP solely in accordance with the terms of that document and not any preliminary oral or written representations made to me. I agree to be bound by the terms and conditions set forth therein, as the same may be amended from time to time. I acknowledge that, upon initial investment, the public entity named above shall be a Depositing Member of Louisiana Asset Management Pool, Inc. and shall be entitled to exercise the rights and privileges associated with such membership and, further, I acknowledge that upon an initial investment, the public entity named above shall be deemed to have entered into a cooperative endeavor (as contemplated by Article VII, Section 14C of the Louisiana Constitution) with, among others, other Depositing Members hereunder and I represent that I have authority to enter into such an endeavor on behalf of such public entity.

The LAMP is hereby authorized to honor instructions from the person(s) named above for the investment and/or transfer of any and all balances held in the above-referenced account(s), provided that proceeds are transmitted only to the bank account indicated (Absent its own negligence neither the LAMP, nor MBIA/MISC, Inc. shall be liable for any redemption caused by unauthorized instructions).

Name (Print or Type)

SIGNATURE OF AUTHORIZED OFFICER/TITLE DATE

Name (Print or Type)

SIGNATURE OF ADDITIONAL AUTHORIZED OFFICER/TITLE DATE

Please complete, fax and forward original form to:

LAMP, INC. ADMINISTRATIVE OFFICES

228 St. Charles Ave, Suite 1123 PHONE 1-504-525-LAMP
New Orleans, LA 70130 1-800-249-LAMP
FAX 1-504-525-5161
1-877-806-5161

LAMP, INC. AUTHORIZED SIGNATURE DATE

Investments in the LAMP are not "deposits" within the meaning of the Federal Deposit Insurance Act, and such investments are not insured.

Account Registration & Investment/Transfer Information for Additional Accounts

LAMP Account Name

Bank Name

Bank Address

Name of Bank Account

Bank Phone Number

Bank Routing Number (ABA Number)

Bank Account Number

Type of Bank Account: Checking Savings
Select Redemption Option: Federal Reserve Wire ACH

Account No:
Participant No:

Authorized Signature Date

Account Registration & Investment/Transfer Information for Additional Accounts

LAMP Account Name

Bank Name

Bank Address

Bank Account Number
Name of Bank Account

Bank Phone Number

Bank Routing Number (ABA Number)

Checking SavNew TeNew TextxtNew Texti
Bank Account Number

Type of Bank Account: Checking Savings
Select Redemption Option: Federal Reserve Wire ACH

Account No:
Participant No:

AUTHORIZED SIGNATURE DATE

Account Registration & Investment/Transfer Information for Additional Accounts

LAMP Account Name

Bank Name

Bank Address

Name of Bank Account

Bank Phone Number

Bank Routing Number (ABA Number)

Bank Account Number

Type of Bank Account: Checking Savings
Select Redemption Option: Federal Reserve Wire ACH

Account No:
Participant No:

Authorized Signature Date

Account Registration & Investment/Transfer Information for Additional Accounts

LAMP Account Name

Bank Name

Bank Address

Bank Account Number
Name of Bank Account

Bank Phone Number

Bank Routing Number (ABA Number)

Bank Account Number

Type of Bank Account: Checking Savings
Select Redemption Option: Federal Reserve Wire ACH

Account No:
Participant No:

AUTHORIZED SIGNATURE DATE

Note: Duplicate this page to open additional accounts.