



I represent and acknowledge that I am legally authorized to act on behalf of the public entity named below 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 below 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 below 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.

Participant Account Authorization Date: __/__/____

Authorized Individual: _____

Signature: _____

Title: _____

Additional Authorized Individual: _____

Signature: _____

Title: _____

Note: All completed forms can be sent by email to lamp@lamppool.com or by fax to 1-877-806-5161.



Account Application and Registration Form

Local Government Name (Participant) _____

Mailing Address _____

City _____ Zip _____

Phone _____ Fax _____

Parish _____ Tax ID _____ Fiscal Year (Month/Day) _____

Entity Type: _____

The Administrator is hereby authorized to honor any written, telephone, faxed or electronic request, believed to be authentic, for payment of funds from the Pool. The payment proceeds can be sent only to the commercial bank indicated below, unless changed by written instructions to the Administrator. Each local government is responsible for notifying the Administrator of any changes to its account.

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact _____ Contact's Phone Number _____

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact _____ Contact's Phone Number _____

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Key Contact

Mr. Ms. _____
Print First and Last Name

_____ Title

_____ Signature (*required if Authorized Signer)

_____ Phone

_____ Email

_____ Fax

Permissions (must check one)

Authorized Signer to Move Funds*
Read Only Access

Email Notifications

Monthly Statements
Transaction Confirmations

Online Account

Online User Access

Additional Contacts

Mr. Ms. _____
Print First and Last Name

_____ Title

_____ Signature (*required if Authorized Signer)

_____ Phone

_____ Email

_____ Fax

Permissions (must check one)

Authorized Signer to Move Funds*
Read Only Access

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Mr. Ms. _____
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Accounts to be Established

Name of Public Entity: _____

Desired LAMP Subaccount Name*:
(To be completed by Participant)

LAMP Account Number
(To be assigned by LAMP)

_____	LA-01-_____
_____	LA-01-_____
_____	LA-01-_____
_____	LA-01-_____
_____	LA-01-_____
_____	LA-01-_____
_____	LA-01-_____
_____	LA-01-_____
_____	LA-01-_____
_____	LA-01-_____

*Name must be limited to 30 characters.

Account(s) authorized by:

_____	_____	____/____/____
Name/Signature	Title	Date

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