



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.



Entity Information

Entity Name (Participant) _____

Entity Type: _____

Mailing Address _____

City _____ Zip _____ County _____

Physical Address (if different than above) _____

City _____ Zip _____ County _____

Tax ID _____ Fiscal Year-End Date (Month/Day) _____

The Administrator is hereby authorized to honor any telephoned, faxed or electronic request believed to be authentic for payment of funds from the Pool. The payment proceeds can only be sent to the commercial banks 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.

Wires will be distributed every hour with the final distribution ending at 12:00 p.m. CT; distribution times are subject to change as needed by the Administrator.

Banking Information

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact _____ Contact's Phone Number _____

Wire ACH Both

Additional Banking Information (Optional)

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact _____ Contact's Phone Number _____

Wire ACH Both

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Authorized Contacts

Authorized Signers Can	Read-Only Users Can
Approve changes to the Investor Profile Update banking/contact information Transfer funds Receive account updates	Receive account updates Request "view-only" access to monthly statements and transaction confirmations

Key Contact and Authorized Signer

Print First and Last Name

Signature Required

Email

Title

Phone

Fax

Email Notifications (notice of report availability in the online portal)

- Monthly Statements
- Transaction Confirmations

Additional Contact (Optional)

Print First and Last Name

***(Signature Required if Authorized Signer)**

Email

Title

Phone

Fax

Permissions (check only one)

- Authorized Signer to Move Funds*
- Read-Only Access

Email Notifications (notice of report availability in the online portal)

- Monthly Statements
- Transaction Confirmations

Additional Contact (Optional)

Print First and Last Name

***(Signature Required if Authorized Signer)**

Email

Title

Phone

Fax

Permissions (check only one)

- Authorized Signer to Move Funds*
- Read-Only Access

Email Notifications (notice of report availability in the online portal)

- Monthly Statements
- Transaction Confirmations

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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-_____

*Name must be limited to 40 characters.

Once your LAMP account has been established, you will receive a confirmation email with your login credentials from no-reply@lamppool.com. If you do not receive your login credentials within 48 business hours of submission, please first check your junk or spam folder before calling the LAMP Client Service team.

Account(s) authorized by:

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

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