



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.

LAMP is not a bank. An investment in LAMP is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although LAMP seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. Please read the applicable LAMP Information Statements carefully before making an investment decision. Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. Past performance is no guarantee of future results. Any financial and/or investment decision may incur losses.

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 _____ Parish _____

Physical Address (if different than above) _____

City _____ Zip _____ Parish _____

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

I authorize LAMP and its transfer agent and administrator to act on any instructions believed to be genuine for any service authorized on this form. I agree that LAMP, its transfer agent, and administrator, Public Trust Advisors LLC, and their respective officers, directors, affiliates, representatives, employees and agents (each an "Indemnified Party") will not be liable for any losses, claims, expenses and liabilities (collectively, the "Losses") that result from accepting such instructions, and I agree to indemnify and hold harmless each Indemnified Party from and against any and all Losses arising from or resulting from such reliance on, or acceptance of, such instructions. Withdrawal proceeds can be sent only to the bank(s) indicated below unless changed by written instructions. Each local government is responsible for notifying LAMP of any changes to its account(s). 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. Additionally, LAMP must be notified of any contributions by 12:00 p.m. CT to receive same day credit. **If funds are not received by 4:00 p.m. CT, contribution orders will be voided.**

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

*If there will only be one Authorized Signer on the LAMP account, bank contact must be provided to verify bank account information

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



Authorized Contacts

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

Key Contact and Authorized Signer

Print First and Last Name

Title

Signature Required

Phone (Required)

Email (Required)

Fax

Additional Contact (Optional) Note – LAMP strongly advises each participant to have multiple authorized signers to help prevent fraud

Print First and Last Name

Title

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

Phone (Required)

Email (Required)

Fax

Permissions (check only one)

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

Additional Contact (Optional)

Print First and Last Name

Title

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

Phone (Required)

Email (Required)

Fax

Permissions (check only one)

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

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



Accounts to be Established

Name of Public Entity: _____

Desired Subaccount Name(s)* i.e. General Fund, etc.:
(To be completed by Participant,
at least one Subaccount is required)

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 35 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

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



Dual Authorization Form

Entity Name: _____

Please utilize this form to request dual authorization capabilities on your LAMP account. Dual authorization ensures that any transaction entered via the LAMP online transaction portal requires approval from a second Authorized Signer in order to be processed (internal transfers between subaccounts do not require dual authorization). **Note:** All Authorized Signers listed on the account can enter transactions and approve them (not just the users below).

Request to Add Dual Authorization

Dual authorization is hereby approved for _____ by the Authorized Signer below. By approving dual authorization, the Authorized Signer Entity Name acknowledges that transactions not approved by the 12:00 p.m. CT cutoff will not be processed. Please ensure transactions are entered in a timely manner and that other authorized signers are available to approve the transactions for processing.

Authorized Signer's Signature

Date

Print Name

Title

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