



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: \_\_\_\_\_

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**Note:** All completed forms can be sent by email to [LAMPservices@publictrustadvisors.com](mailto:LAMPservices@publictrustadvisors.com) or by fax to 800-604-6988



## Account Application and Registration Form

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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

### Email Notifications

Monthly Statements  
Transaction Confirmations

### Online Account

Online User Access

Mr. Ms. \_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_ Title

\_\_\_\_\_ Signature (\*required if Authorized Signer)

\_\_\_\_\_ Phone

\_\_\_\_\_ Email

\_\_\_\_\_ Fax

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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)

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LA-01- \_\_\_\_\_

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LA-01- \_\_\_\_\_

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LA-01- \_\_\_\_\_

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LA-01-

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\*Name must be limited to 30 characters.

Account(s) authorized by:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name/Signature Title Date

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