

# OKLAHOMA STATE TREASURER

## OK INVEST

### Enrollment Application

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Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fund/Agency Number: \_\_\_\_\_ - \_\_\_\_\_

**OR**

Agency Special/Clearing Account Number: \_\_\_\_\_

Department Code (for Core processing): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature and Name of Agency Head:

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Signature	Print Name	Date
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\*\*\*\*\*Important: Please attach Statutes/Authority to Invest\*\*\*\*\*

OST Approval \_\_\_\_\_ ResIQ \_\_\_\_\_ IS \_\_\_\_\_ SS \_\_\_\_\_