

OKLAHOMA STATE TREASURER

OK INVEST

Enrollment Application

TTTTTTTT

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:

Signature	Print Name	Date
-----------	------------	------

*****Important: Please attach Statutes/Authority to Invest*****

OST Approval _____ ResIQ _____ IS _____ SS _____