

Instructions for:

Ancillary Governmental Participant Investment Program (AGPIP): Deposit/Withdrawal Form
State Agencies Only Form

Instructions: For investments in EIF and BIF, the Participant must provide at least five (5) business days' notice prior to the last business day of the calendar month. Deposits into STIF can be made on any day during the month. Deposits must be made by 10 a.m. to receive same day credit. Otherwise, credit will be made the following business day. The transaction into and out of EIF and/or BIF **will be processed on the last business** day of the calendar month. Note: If you have any questions regarding the re-allocation of funds among STIF, EIF or BIF, please contact AGPIP@nctreasurer.com.

Section 1:

Transaction Type: A drop down box will allow you to choose among three different transaction types:

Deposit – to add monies to Short Term Investment Fund (STIF), Bond Index Fund (BIF) or Equity Index Fund (EIF)

Withdrawal – to withdraw monies from Short Term Investment Fund (STIF), Bond Index Fund (BIF) or Equity Index Fund (EIF)

Reallocation – to move monies between Short Term Investment Fund (STIF), Bond Index Fund (BIF) or Equity Index Fund (EIF). This can be completed with existing funds, with a deposit or a combination of both.

Note: when reallocating between BIF and EIF additional settlement time may be required.

Entity Name: The legal name used on your enrollment package, W-9 and EIN documentation

Budget Code Number: Please enter the state agency budget code number. If the state agency is unable to locate the budget code number please check your internal resources and/or OSC contact.

Disbursing Account Number: Please enter the state agency disbursing account number. If the state agency is unable to locate the disbursing account number please contact the Core Banking Helpdesk at 919-814-3916 also reference: <https://www.nctreasurer.com/fod/Resources/BankingHandbook.pdf>

Requested Amount: Total of your transaction request.

Deposit – total of your allocated deposit across EIF, BIF and STIF (deposit table total)

Withdrawal – total of your allocated withdrawal across EIF, BIF and STIF (withdrawal table total)

Reallocation – total of your reallocation across EIF, BIF and STIF, including any additional deposit (deposit table total)

Authorized Signatory: the printed name of the person who will signing the AGPIP deposit/withdrawal form. This person must be listed on the signature card supplied during AGPIP enrollment to Banking Operations.

Please note, it is the responsibility of the State Agency to provide changes to the Signature Card, scan updates to AGPIP@nctreasurer.com and mail the original to Banking Operations attn. Mark Carlson

Title: The title of the authorized signatory executing the AGPIP deposit/withdrawal form

Telephone Number: The telephone number of the authorized signatory executing the AGPIP deposit/withdrawal form and a number for the person processing the form should any questions or concerns develop.

Email: The email of the authorized signatory executing the AGPIP deposit/withdrawal form and a number for the person processing the form should any questions or concerns develop.

Signature: the signature of the person who will signing the AGPIP deposit/withdrawal form. This person must be listed on the signature card supplied during AGPIP enrollment to Banking Operations.

Transaction Type: _____

Authorized Signatory: _____

Entity Name: _____

Title: _____

Budget Code Number (State Only): _____

Telephone Number: _____

Disbursing Acct Number (State Only): _____

Email: _____

Requested Amount: _____

Signature: _____

Section 2:

DEPOSIT Section: to add monies to STIF, BIF or EIF

Complete the form as indicated and return executed to AGPIP@nctreasurer.com BY THE 5th BUSINESS DAY PRIOR TO MONTH END.

Date Deposited: Date you complete the Wire-In-With-CMCS form, if completed after 10:00am please enter next business day for the date deposited.

Step 1: designate investment allocation in the deposit table. **Note the total allocation listed in the deposit table should match the Requested Amount listed in the previous section.**

Step 2: initiate deposit by recording a CMCS Requisition from your budget code to your disbursing account. For additional details on how to perform this please reference:
<https://www.nctreasurer.com/fod/Resources/BankingHandbook.pdf>

If wiring funds in from "outside your budget code"

Complete the form located at: <http://www.nctreasurer.com/fod/Pages/Wire-In-With-CMCS.aspx>
Send via email a copy of this executed form to SBU Forms (SBU.Forms@nctreasurer.com)

Note: not sending the email to SBU.Forms@nctreasurer.com can delay the wire receipt and in turn the month-end processing of your request. Also the "Effective Date" on the Wire-In request should be the same as the date you plan to wire the funds in (must be no less than 5 days before month end).

Also please note, the AGPIP deposit/withdrawal form and DEPOSITS INTO EIF AND BIF MUST BE MADE BY 10:00am THE 5th BUSINESS DAY PRIOR TO MONTH END.

STIF deposits must be made by 10 a.m. to receive same day credit, otherwise, credit will be made the following business day and may be performed on any business day of the month.

When performing a Reallocation both the Deposit and Withdrawal Tables must be completed see Reallocation under Section 3. Withdrawal Table Instructions.

Instructions:

Date Deposited: _____

Step 1. Please designate investment allocation in the table below.

***The Participant is responsible for determining whether it has statutory authority to invest in a particular fund.**

		Dollar Amount
Equity Index Fund (EIF)		\$
Bond Index Fund (BIF)		\$
Short Term Investment Fund (STIF)		\$
Total		\$

Step 2. Please initiate deposit by recording a CMCS Requisition from your budget code to your disbursing account.

If wiring funds in from "outside your budget code"

Complete the form located at: <http://www.nctreasurer.com/fod/Pages/Wire-In-With-CMCS.aspx>

Send via email a copy of this executed form to SBU Forms (SBU.Forms@nctreasurer.com)

NOTE: NOTIFICATION OF DEPOSITS INTO EIF AND BIF MUST BE MADE BY THE 5th BUSINESS DAY PRIOR TO MONTH END.

DEPOSIT

Section 3:

WITHDRAWAL Section: to withdraw monies from STIF, BIF or EIF

Complete the form as indicated and return executed to AGPIP@nctreasurer.com BY THE 5th BUSINESS DAY PRIOR TO MONTH END.

Step 1: designate investment allocation of the withdrawal in the withdrawal table. *Note the total allocation listed in the withdrawal table should match the Requested Amount listed in the previous section.*

Transactions received 5 business days prior to the end of the calendar month will be processed on the last business day of the month and monies will be available the second business day of the next month.

Note: Should the BIF/EIF deposit and withdrawal form be received in less than 5 business days prior to the month end, the participant must submit A NEW deposit/withdrawal form for the next month to be received by 5 business days prior to the end of the calendar month.

STIF withdrawals must be submitted by 10 a.m. to be processed on the same day, otherwise, the request will be processed the following business day. STIF withdrawal requests may be requested on any business day of the month.

REALLOCATION

WITHDRAWAL Section: To Perform a Reallocation – to move monies between monies from STIF, BIF or EIF. This can be completed with existing funds, or with a deposit or a combination of both.

Note: when reallocating between BIF and EIF additional settlement time may be required.

Step 1: designate investment allocation of the existing funds that will be withdrawn (in order to be reallocated) in the withdrawal table.

DEPOSIT Section

Step 2: designate investment allocation of the existing funds that will be deposited (in order to be reallocated) in the deposit table. *Note: if you will also be adding to the reallocation with an additional deposit into STIF please only add the amount of this deposit to the deposit table according to your total re-allocation. (It does not need to be added in the withdrawal table under STIF – this will highlight to AGPIP that a deposit is also being made.)*

Note the total allocation listed in the deposit table should match the Requested Amount listed in the top section. If an additional deposit is being made into STIF plus reallocating existing funds the requested amount should be higher than the withdrawal table but match the deposit table.

Instructions: (If received prior to 5 business days before month end will be last day of the same month, if less than 5 days will be done the last day of the following month– a new deposit/withdrawal form will be required to reflect the correct month of deposit/withdrawal. Note funds out of EIF and BIF will be available second business day of the next month.)

Step 1. Please designate allocation of the withdrawal in the table below.

		Dollar Amount
Equity Index Fund (EIF)		\$
Bond Index Fund (BIF)		\$
Short Term Investment Fund (STIF)		\$
Total		\$

Please submit this AGPIP Form to: AGPIP@nctreasurer.com

WITHDRAWAL

Ancillary Governmental Participant Investment Program (AGPIP): Deposit/Withdrawal Form

State Agencies Only Form

**EXAMPLE
NOT LIVE FORM
EXAMPLE**

Example: Initial or additional contribution "DEPOSIT" from a State Agency

- Form executed and submitted to AGPIP@nctreasurer.com on 20th of the month as follows.

Transaction Type: <u>DEPOSIT</u>	Authorized Signatory: <u>PRINT NAME</u>
Entity Name: <u>STATE AGENCY</u>	Title: <u>CFO</u>
Budget Code Number (State Only): <u>12345</u>	Telephone Number: <u>919-123-4567</u>
Disbursing Acct Number (State Only): <u>6789012</u>	Email: <u>ABC&company.com</u>
Request Amount: <u>\$100,000</u>	Signature: <u>SIGNED</u>

Instructions: Date Deposited: Month, 25th, 2017

Step 1. Please designate investment allocation in the table below.

***The Participant is responsible for determining if it has statutory authority to invest in a particular fund.**

		Dollar Amount
Equity Index Fund (EIF)		\$ 25,000
Bond Index Fund (BIF)		\$ 50,000
Short Term Investment Fund (STIF)		\$ 25,000
Total		\$100,000

DEPOSIT

Step 2. Please initiate deposit by recording a CMCS Requisition from your budget code to your disbursing account.

If wiring funds in from "outside your budget code"

Complete the form located at: <http://www.nctreasurer.com/fod/Pages/Wire-In-With-CMCS.aspx>

Send via email a copy of this executed form to SBU Forms (SBU.Forms@nctreasurer.com)

NOTE: NOTIFICATION OF DEPOSITS INTO EIF AND BIF MUST BE MADE BY THE 5th BUSINESS DAY PRIOR TO MONTH END.

Instructions: (If received **prior** to 5 business days before month end will be last day of the same month, if less than 5 days will be done the last day of the following month— a new deposit/withdrawal form will be required to reflect the correct month of deposit/withdrawal. Note funds out of EIF and BIF will be available second business day of the next month.)

Step 1. Please designate allocation of the withdrawal in the table below.

		Dollar Amount
Equity Index Fund (EIF)		\$
Bond Index Fund (BIF)		\$
Short Term Investment Fund (STIF)		\$
Total		\$

WITHDRAWAL

Please submit this AGPIP Form to: AGPIP@nctreasurer.com

**EXAMPLE
NOT LIVE FORM
EXAMPLE**

Ancillary Governmental Participant Investment Program (AGPIP): Deposit/Withdrawal Form

State Agencies Only Form

Example: Re-allocation or request to have funds returned to participant "WITHDRAWAL" from a State Agency

- Form executed and submitted to AGPIP@nctreasurer.com on 20th of the month as follows.

Transaction Type: <u>WITHDRAWAL</u>	Authorized Signatory: <u>PRINT NAME</u>
Entity Name: <u>STATE AGENCY</u>	Title: <u>CFO</u>
Budget Code Number (State Only): <u>12345</u>	Telephone Number: <u>919-123-4567</u>
Disbursing Acct Number (State Only): <u>6789012</u>	Email: <u>ABC&company.com</u>
Request Amount: <u>\$100,000</u>	Signature: <u>SIGNED</u>

Instructions: Date Deposited: _____

Step 1. Please designate investment allocation in the table below.

**The Participant is responsible for determining if it has statutory authority to invest in a particular fund.*

		Dollar Amount
Equity Index Fund (EIF)		\$
Bond Index Fund (BIF)		\$
Short Term Investment Fund (STIF)		\$
Total		\$

DEPOSIT

Step 2. Please initiate deposit by recording a CMCS Requisition from your budget code to your disbursing account.

If wiring funds in from "outside your budget code"

Complete the form located at: <http://www.nctreasurer.com/fod/Pages/Wire-In-With-CMCS.aspx>

Send via email a copy of this executed form to SBU Forms (SBU.Forms@nctreasurer.com)

NOTE: NOTIFICATION OF DEPOSITS INTO EIF AND BIF MUST BE MADE BY THE 5th BUSINESS DAY PRIOR TO MONTH END.

Instructions: (If received prior to 5 business days before month end will be last day of the same month, if less than 5 days will be done the last day of the following month— a new deposit/withdrawal form will be required to reflect the correct month of deposit/withdrawal. Note funds out of EIF and BIF will be available second business day of the next month.)

WITHDRAWAL

Step 1. Please designate allocation of the withdrawal in the table below.

		Dollar Amount
Equity Index Fund (EIF)		\$ 50,000
Bond Index Fund (BIF)		\$ 30,000
Short Term Investment Fund (STIF)		\$ 20,000
Total		\$100,000

Please submit this AGPIP Form to: AGPIP@nctreasurer.com

**EXAMPLE
NOT LIVE FORM
EXAMPLE**

Ancillary Governmental Participant Investment Program (AGPIP): Deposit/Withdrawal Form

State Agencies Only Form

Example: Re-allocation or request to have funds returned to participant "WITHDRAWAL" from a State Agency (using existing funds)

- Form executed and submitted to AGPIP@nctreasurer.com on 20th of the month as follows.

Transaction Type: <u>REALLOCATION</u>	Authorized Signatory: <u>PRINT NAME</u>
Entity Name: <u>STATE AGENCY</u>	Title: <u>CFO</u>
Budget Code Number (State Only): <u>12345</u>	Telephone Number: <u>919-123-4567</u>
Disbursing Acct Number (State Only): <u>6789012</u>	Email: <u>ABC&company.com</u>
Request Amount: <u>\$70,000</u>	Signature: <u>SIGNED</u>

Instructions: Date Deposited: Month, 25th, 2017

Step 1. Please designate investment allocation in the table below.

*The Participant is responsible for determining if it has statutory authority to invest in a particular fund.

		Dollar Amount
Equity Index Fund (EIF)		\$
Bond Index Fund (BIF)		\$ 70,000
Short Term Investment Fund (STIF)		\$
Total		\$

DEPOSIT

Step 2. Please initiate deposit by recording a CMCS Requisition from your budget code to your disbursing account. If wiring funds in from "outside your budget code"

Complete the form located at: <http://www.nctreasurer.com/fod/Pages/Wire-In-With-CMCS.aspx>

Send via email a copy of this executed form to SBU Forms (SBU.Forms@nctreasurer.com)

NOTE: NOTIFICATION OF DEPOSITS INTO EIF AND BIF MUST BE MADE BY THE 5th BUSINESS DAY PRIOR TO MONTH END.

Instructions: (If received prior to 5 business days before month end will be last day of the same month, if less than 5 days will be done the last day of the following month— a new deposit/withdrawal form will be required to reflect the correct month of deposit/withdrawal. Note funds out of EIF and BIF will be available second business day of the next month.)

WITHDRAWAL

Step 1. Please designate allocation of the withdrawal in the table below.

		Dollar Amount
Equity Index Fund (EIF)		\$ 50,000
Bond Index Fund (BIF)		
Short Term Investment Fund (STIF)		\$ 20,000
Total		\$70,000

Please submit this AGPIP Form to: AGPIP@nctreasurer.com

EXAMPLE
NOT LIVE FORM
EXAMPLE

Ancillary Governmental Participant Investment Program (AGPIP): Deposit/Withdrawal Form

State Agencies Only Form

Example: Re-allocation or request to have funds returned to participant "WITHDRAWAL" from a State Agency (using combination of a new deposit of \$30,000 and existing funds of \$70,000)

- Form executed and submitted to AGPIP@nctreasurer.com on 20th of the month as follows.

Transaction Type: <u>REALLOCATION</u>	Authorized Signatory: <u>PRINT NAME</u>
Entity Name: <u>STATE AGENCY</u>	Title: <u>CFO</u>
Budget Code Number (State Only): <u>12345</u>	Telephone Number: <u>919-123-4567</u>
Disbursing Acct Number (State Only): <u>6789012</u>	Email: <u>ABC&company.com</u>
Request Amount: <u>\$100,000</u>	Signature: <u>SIGNED</u>

Instructions: Date Deposited: Month, 25th, 2017

Step 1. Please designate investment allocation in the table below.

*The Participant is responsible for determining if it has statutory authority to invest in a particular fund.

		Dollar Amount
Equity Index Fund (EIF)		\$
Bond Index Fund (BIF)		\$ 100,000
Short Term Investment Fund (STIF)		\$
Total		\$100,000

DEPOSIT

Step 2. Please initiate deposit by recording a CMCS Requisition from your budget code to your disbursing account. If wiring funds in from "outside your budget code"

Complete the form located at: <http://www.nctreasurer.com/fod/Pages/Wire-In-With-CMCS.aspx>

Send via email a copy of this executed form to SBU Forms (SBU.Forms@nctreasurer.com)

NOTE: NOTIFICATION OF DEPOSITS INTO EIF AND BIF MUST BE MADE BY THE 5th BUSINESS DAY PRIOR TO MONTH END.

Instructions: (If received prior to 5 business days before month end will be last day of the same month, if less than 5 days will be done the last day of the following month— a new deposit/withdrawal form will be required to reflect the correct month of deposit/withdrawal. Note funds out of EIF and BIF will be available second business day of the next month.)

Step 1. Please designate allocation of the withdrawal in the table below.

		Dollar Amount
Equity Index Fund (EIF)		\$ 50,000
Bond Index Fund (BIF)		
Short Term Investment Fund (STIF)		\$ 20,000
Total		\$70,000

WITHDRAWAL

Please submit this AGPIP Form to: AGPIP@nctreasurer.com

EXAMPLE
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