



ACCOUNT APPLICATION

Questions? Call 1-866-249-9443

Instructions: Use this application to open an account with WGIF. If this is the Investor's first account in WGIF, you must include a completed WGIF New Investor Application for this form to be processed. Please fax or mail this completed application to your WGIF Representative at the fax number or address listed at the bottom of this application. The new account will be opened and available to receive deposits after all completed documentation and signatures have been received and accepted.

WGIF ACCOUNT #: _____
(Fund Use Only)

INVESTOR INFORMATION: (All fields in this section must contain Investor information ONLY.)

Investor Name: _____ TIN: _____
(Name that appears on Fund records) (Taxpayer Identification Number)

Account Title: _____
(New account name to display on Fund records)

Is this account being set up for bond proceeds? No Yes (If yes, please complete the Bond Issue Information - Schedule A and send with this document.)

Pay dividends by reinvestment in: This account Other WGIF account: _____
(Account Number or Account Name)

INVESTMENT OPTIONS: (Please select the investment option that you are permitted to participate or invest in.)

Wyoming Government Investment Fund

TRANSACTION OPTIONS: (Please select the option(s) that will apply to the new account. At least one redemption method must be selected.)

Wire Redemption: The Fund is hereby authorized to honor requests by any authorized Contact(s) to wire transfer money from the Fund to the following bank account:

Bank Name: _____ City/State: _____ / _____
Beneficiary Name: _____ Bank Account #: _____ ABA#: _____
Beneficiary Details: _____ Beneficiary Account #: _____
(If applicable) (If applicable)

ACH Redemption: The Fund is hereby authorized to honor requests by any authorized Contact(s) to initiate next-day ACH transactions to the bank account listed below. If available, please attach a voided check to this document for verification.

Bank Name: _____ City/State: _____ / _____
Account Name: _____ Bank Account #: _____ ABA#: _____

Redemption by Transfer: Shares will be redeemed by transferring money from this account to the existing Fund account listed below:
WGIF Account Name: _____ WGIF Account #: _____

REQUIRED DOCUMENTATION: (In addition to this form, the following documents are required to open this account.)

- Permissions
- Contact Record (New Contacts Only)

SIGNATURES: (Please have a Contact authorized per Fund records sign below.)

Authorized Signature _____ Title/Position _____
Print or Type Name of Authorized Signatory _____ Date _____

FUND USE ONLY: (Please fax or mail this document to your WGIF Representative for their signature below.)

WGIF Representative Signature _____ Date _____ Principal Approval Signature _____ Date _____

Any document received by email will not be accepted. Please send by fax or mail.
FAX TO: WGIF Client Services Group
1-307-634-5713
MAIL TO: WGIF Client Services Group
1720 Carey Avenue, Suite 520
Cheyenne, WY 82001

FUND USE ONLY		
V2016.02	DATE	INITIALS
Processed		
Confirmed		