



WISCONSIN DEPARTMENT OF
ADMINISTRATION

Local Government Investment Pool
P.O. Box 7871
Madison, WI 53707-7871
Phone: 608-266-3711

DESIGNATION ACCOUNT AND WITHDRAWAL INSTRUCTIONS

1. Wire withdrawals can be sent only to pre-approved destination accounts. When adding a destination account, participants must provide a completed wire designation and withdrawal instruction form for each account. In addition, participants must provide documentation (such as a deposit ticket, voided check, or monthly statement) that shows the name on the account. Each participant may have up to ten destination accounts. Please allow up to seven days before using a new destination account.
2. Withdrawals will be completed on the same business day, if notification is received by 11:00 a.m. Withdrawals will be completed on the following business day if notification is received after 11:00 a.m. Please advise the State Controller's Office by one of the following: scheduling the transaction on the website, by calling (608) 266-3711 (toll free 877-947-7665), by faxing to (608) 223-6578, or by emailing to LGIP@wisconsin.gov.
3. *There are no minimum or maximum dollar limits for withdrawals. However, to enhance investment performance for all LGIP participants, please notify the Local Government Investment Pool, at least one day prior to the transaction date, of any withdrawals in excess of \$10 million or more.*



WISCONSIN DEPARTMENT OF
ADMINISTRATION

Local Government Investment Pool
P.O. Box 7871
Madison, WI 53707-7871
Phone: 608-266-3711

DESIGNATION ACCOUNT AND WITHDRAWAL INSTRUCTIONS FORM

LOCAL GOVERNMENT

Participant Name & Depositor ID:	Contact Name::
Street Address:	Contact Phone Number:
City, State, ZIP:	Person authorized to withdraw:
County:	Person authorized to withdraw:

PLEASE SELECT ONE OPTION FOR WITHDRAWALS (CHECK OR WIRE)

Check withdrawal <input type="checkbox"/>	Wire withdrawal <input type="checkbox"/>
Name:	Intermediary Bank Information (If applicable)
Street Address:	Bank Name:
City, State, ZIP:	Bank Routing Number (ABA):
	Bank Account number:
	Beneficiary Bank Information (Required)
	Bank Name:
	Bank Routing Number (ABA):
	Participants Bank Account Name:
	Participants Bank Account Number:
	Bank Street Address (No P.O. Box):
	Bank City, State, ZIP:
	Bank Contact Name And Phone Number:

I, the undersigned officer, duly appointed by the governing body to make deposits and withdrawals to and from the account on this Designation Form, select the option marked above and agree that it shall remain in effect until rescinded in writing.

Signature and Date