

**Department of State Treasurer**  
**Local Government Other Post-Employment Benefits Fund Application for Voluntary Short Term**  
**Investment Fund (STIF) Account**

<b>Applying Entity:</b> Statutory Authority, SL 2007-384  Name of Local Governmental Entity: _____										
<b>Custodian (Applying Entity)</b> Name: Title: Address:  Tel:                      Fax: E-mail:	<b>Primary Contact (For statements and advices)</b> Name: Title: Address:  Tel:                      Fax: E-mail:									
<b>Security Administrator for CB\$ (Online Banking System)</b>  Name: _____ Tel: _____ E-mail: _____										
<b>Name(s) of individual(s) to be executing signature card:</b>  Name (typed): _____ Title: _____ Name (typed): _____ Title: _____										
<b>Certification by Custodian (Applying Entity):</b>  I certify that the information contained herein is correct.  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 50%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Name (Type or Print)</td> <td style="border: none;">Signature</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Title</td> <td style="border: none;">Date</td> </tr> </table>			_____	_____	Name (Type or Print)	Signature	_____	_____	Title	Date
_____	_____									
Name (Type or Print)	Signature									
_____	_____									
Title	Date									
<b>For use by the Department of State Treasurer:</b>  STIF Account Number: _____ (Assigned by Banking)                      Date: _____ Flexcube Customer ID Number: _____ (Setup on Flexcube)                      Date: _____										

North Carolina Department of State Treasurer  
 Banking Operations Section  
 325 North Salisbury Street  
 Raleigh, NC 27603-1385

Revised 5/2008

For assistance while filling out this form or while using CB\$, contact the CB\$ Helpdesk at 919-508-5914