

# 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: Information provided in these documents may contain Sensitive Financial and Personal Information that should not be emailed without being encrypted. If your system does not support email encryption, it is advisable that you contact [AGPIP@nctreasurer.com](mailto:AGPIP@nctreasurer.com) and "cc" [OPSTEAM@nctreasurer.com](mailto:OPSTEAM@nctreasurer.com) for potential options to deliver the information in a secure format.**

Transaction Type:   
Entity Name:   
Budget Code Number (State Only):   
Disbursing Acct Number (State Only):   
Requested Amount:

Authorized Signatory:   
Title:   
Telephone Number:   
Email:   
Signature:

### 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.

**Step 3.** Complete the form located at: [Wire In/ACH Deposit Form \(Without Journal Entry\)](#)

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

**NOTE: NOTIFICATION OF DEPOSITS INTO EIF AND BIF MUST BE MADE BY THE 5<sup>th</sup> 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. 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		\$

**NOTE:** This form is not effective until it is confirmed in an email from the Department to the Participant. The Participant should expect a confirmation email within 1 business day. The Participant is responsible for contacting the Department if it does not receive a confirmation email. The AGPIP contact numbers are: 919-814-4334 or 919-814-4336.

Please submit this AGPIP Form to: [AGPIP@nctreasurer.com](mailto:AGPIP@nctreasurer.com) and "cc" [OPSTEAM@nctreasurer.com](mailto:OPSTEAM@nctreasurer.com)

DEPOSIT

WITHDRAWAL