

TRANSACTION REQUEST

Participant Name:	STO #	
Date of Request:	Transaction Type: (Please check one)	Contribution Withdrawal
Effective Date:	Amount: \$	
*Authorized Signature		*Authorized Signature
Title	<u> </u>	Title
transaction request. Requires the number of account. Please allow 24 hours for withdraw before the transaction effective date. All red business day.	wals. All requests must b	e faxed or emailed by 2:30pm the day
Phone Number: (505) 955-1142	Email: <u>NMST</u> C	D.LGIP@sto.nm.gov
The original confirmation letter must also be mailed to the State Treasurer's Office at the address below. New Mexico State Treasurer's Office The Honorable Laura M. Montoya Attn: Local Government Investment Pool PO Box 5135 Santa Fe, NM 87505		
New Mexico Local Government Investment Pool (LGIP) depo Insurance Corporation, the Federal Reserve Board, or any oth ma	=	osits involve certain investment risks. Yield and total return
For LGIP use ONLY		
Date Received:	Processed by:	