



**RESOLUTION AUTHORIZING INVESTMENT IN CONSOLIDATED FUND  
INSTRUCTIONS**

**Questions? Please contact the Treasurer's Office at (304) 340-1573 or (304) 340-1577**

**A. The name of the authorizing body of the local government. Examples:**

Type of Political Subdivision	Name of Governing Body
County Board of Education	Members of the [county] County Board of Education
County Commission	Members of the [county] County Commission
County Planning Commission	[county] County Planning Commission Board
City Council	[city] City Council
Volunteer Fire Department	Board of Directors of the [name] Volunteer Fire Department, Inc.
City Fire Department	[city] City Council
Public Service District	[county] County Public Service Board

**B. The name of the political subdivision or local government that is requesting the account. Examples:**

Type of Political Subdivision	Name of Spending Unit/Political Subdivision
County Board of Education	the [county] County Board of Education
County Commission	[county] County Commission
County Planning Commission	[county] County Planning Commission
City Council	the City of [city]
Volunteer Fire Department	[name] Volunteer Fire Department, Inc.
City Fire Department	[city] Fire Department
Public Service District	[county] County Public Service District

**C. There are three different Consolidated Fund investment pools. Check either "yes" or "no" for each pool.**

**D. Enter the date of the meeting when the Resolution was adopted.**

***E. The officer authorized to sign the Resolution. Examples:***

<b>Type of Political Subdivision</b>	<b>Officer</b>
County Board of Education	President
County Commission	President
County Planning Commission	President
City Council	President
Volunteer Fire Department	President
City Fire Department	President
Public Service District	President

***F. The officer authorized to attest the Resolution. Examples:***

<b>Type of Political Subdivision</b>	<b>Officer</b>
County Board of Education	Secretary
County Commission	Secretary
County Planning Commission	Secretary
City Council	Secretary
Volunteer Fire Department	Secretary
City Fire Department	Secretary
Public Service District	Secretary



## LOCAL GOVERNMENT ACCOUNT REQUEST FOR AND IPAS APPLICATION INSTRUCTIONS

**Questions? Please contact the Treasurer's Office at (304) 340-1573 or (304) 340-1577**

- A. The name of the political subdivision or local government that is requesting the account. Examples:

Type of Political Subdivision	Name of Governing Body
County Board of Education	the [county] County Board of Education
County Commission	[county] County Commission
County Planning Commission	[county] County Planning Commission
City Council	the City of [city]
Volunteer Fire Department	[name] Volunteer Fire Department, Inc.
City Fire Department	[city] Fire Department
Public Service District	[county] County Public Service District

- B. Enter the political subdivision's tax ID number.
- C. Enter the requested address information.
- D. Enter the name, phone number and email address of the person who will be responsible for maintain the investment account. This person will be the point-of-contact for the investment account, and should be easily reached by telephone and /or email.
- E. The information provided in the "Account Information" sections pertains to the pending investment account. Two separate investment accounts may be requested using one Account Request Form.
- F. Enter the desired name of the investment account. The investment account name does not need to match the corresponding bank account name. Examples of investment account names: General Fund, Truck Account, Coal Severance Account, and Water R&R Account.
- G. Enter the bank account that will be used whenever investment account withdrawal or deposit transactions are processed (funds will be sent to this bank account whenever an investment account withdrawal is processed, and this account will be debited whenever an investment deposit via ACH is processed.)
- Please contact your bank if you are unsure of the routing number
  - If more than one bank account will be tied to the investment account, please contact Diane Holcomb at 304 340-1573 for further information.

- H. Enter the amount of the initial investment account deposit. The minimum initial deposit, and account balance, is \$100.00.
- I. Enter the desired date for establishment of the account.
- J. Mark either ACH or Check. If ACH is chosen, the bank account will be debited by the Opening Deposit Amount. If Check is chosen, please enclose a check made payable to the West Virginia State Treasurer's Office.
- K. Mark only one Pool selection. The pool selected must be marked "Yes" on the Resolution.
- L. This section must be completed by the Political Subdivision treasurer or designee.
- M. Each section on the second page is used to request logon information for one user for iPAS – the online system used to access investment accounts.
- N. Complete the requested information. Note: a signature is not required if "Delete User" is marked.
- O. Choose either "Investment Activity" or "Inquiry Only". "Investment Activity" allows the user to request investment account deposits, withdrawals and transfer, and to view and print account statements. "Inquiry Only" allows the user to print and view account statements. Note: either Investment Activity or Inquiry Only **must** be selected, or the iPAS application will be return for completion.
- P. Choose whether the access level selected above applies to all investments accounts, or whether the user is limited to certain accounts. Note: either "All Accounts" or "Limit To" **must** be selected, or the iPAS application will be return for completion.
- Q. This form must be authorized by the Political Subdivision treasurer or designee.

**The completed Account Request Form and iPAS application should be mailed to:**

**West Virginia State Treasurer's Office  
Attn: Participant Accounting  
322 70<sup>th</sup> Street  
Charleston WV 25304**

**Any questions should be directed to:**

Diane Holcomb, Director of Participant Accounting  
Email: [Diane.Holcomb@wvsto.com](mailto:Diane.Holcomb@wvsto.com)  
Phone: (304) 340-1573  
Fax: (304) 340-1507

Or

Participant Accounting  
Email: [ParticipantAccountingGroup@wvsto.com](mailto:ParticipantAccountingGroup@wvsto.com)  
Phone: (304) 340-1577  
Fax: (304) 340-1507