Exhibit A

STIP PARTICIPATION INFORMATION SHEET

STIP Program Manager Montana Board of Investments boi_stip@mt.gov PO Box 200126 Helena, MT 59620-0126 Phone 406.444.0003 Fax 406.444.4268	*For Official Use Only* STIP DATA INVEST TA ACCT ID
Requests must be submitted by Authorized Representative of the Participant.	

The STIP Participant listed below hereby agrees to participate in the STIP Program as established under Section 17-6-204, MCA., and the terms and conditions of STIP operations as determined and set by the Montana Board of Investments and warrants as follows:

Section 1. STIP Participant Information Summary

STIP Participant Name ➔				Tax Identification Number (TIN) ➔			
Mailing Address ➔		City ➔		State ➔	MT	Zip ➔	
STIP Account # ➔ *(For official use only)*							
Authorized Representative Name, First ➔		Name, Last ➔		Title ➔			
Telephone Number ➔		Fax Number ➔		E-mail ➔			

Section 2. Investment and Earnings Information

The STIP Participant has the option to either reinvest their earnings or distribute earnings.
Check one box only.

Reinvest Earnings ☐	Distribute Earnings ☐

Section 3. Authorized Delegates

The Authorized Delegate(s) whose name(s) appears below is (are) authorized to purchase and sell shares in STIP for the Participant.

Name, First ➔		Name, Last ➔		E-Mail ➔	
Name, First ➔		Name, Last ➔		E-Mail ➔	
Name, First ➔		Name, Last ➔		E-Mail ➔	

I hereby certify as the Authorized Representative of the STIP Participant that all of the information contained herein is true, accurate and complete as of the date hereof.

Signature ➔		Date ➔	
Printed Name ➔		Title ➔	

Revised 2/19/2016