

**STATE AGENCY STIP PARTICIPATION AGREEMENT**

|   |   |
|---|---|
| <p align="center">STIP Program Manager<br/>                 Montana Board of Investments<br/>                 boi_stip@mt.gov<br/>                 P.O. Box 200126                                  Helena, MT 59620-0126<br/>                 Phone 406.444.0003                                  Fax 406.444.4268</p> | <p><i>For Official Use Only</i></p> <p>STIP DATA                                  <input type="checkbox"/><br/>                 STIP TEMPLATE                                  <input type="checkbox"/><br/>                 INVEST TA                                  <input type="checkbox"/><br/>                 MAP                                  <input type="checkbox"/></p> |
|---|---|

**Requests must be submitted by authorized state agency representative.**

*The State agency listed below hereby agrees to participate in the STIP Program as established under Section 17-6-202, MCA., and the terms and conditions of STIP operations as determined by the Montana Board of Investments:*

**Section 1. State Agency Information Summary**

|                       |              |   |
|-----------------------|--------------|---|
| State Agency Name →   |              | Tax Identification Number (TIN)<br>81-0302402 |
| Mailing Address →     | City →       | State → MT      Zip →                         |
| Contact Name, First → | Last →       |   |
| Telephone Number →    | Fax Number → | E-mail →                                      |

**Section 2. Authorization of Interest Retention**

On the next line, please cite the relevant sections of state law that authorize the state agency to retain interest earnings in their account and that the agency is legally entitled to participate in the STIP.

**Section 3. SABHRS Investment and Earnings Information**

Please complete the following investment accounting information. **If the agency chooses to reinvest the STIP earnings, the earnings must be reinvested to the SABHRS Business Unit and Fund holding the STIP investment.**

|  |  |                        |
|--|--|------------------------|
| Investment Business Unit →                 | Investment Fund Number →                     | Investment Fund Name → |
| Reinvest Earnings <input type="checkbox"/> | Distribute Earnings <input type="checkbox"/> |                        |
| STIP Earnings Business Unit →              | STIP Earnings Business Unit →                |                        |
| STIP Earnings Fund Number →                | STIP Earnings Fund Number →                  |                        |
| STIP Earnings Fund Name →                  | STIP Earnings Fund Name →                    |                        |
| STIP Earnings Org/Project →                | STIP Earnings Org/Project →                  |                        |

**Section 4. Endorsement**

The person(s) whose name(s) appears below is (are) the employee of State Agency with the authority to authorize the purchase and sale of shares in STIP for the accounts of the State Agency, and the Board of Investments shall be notified promptly of any changes in authorized personnel.

|               |              |                    |          |
|---------------|--------------|--------------------|----------|
| Name, First → | Name, Last → | Telephone Number → | E-Mail → |
|               |              |                    |          |
| Name, First → | Name, Last → | Telephone Number → | E-Mail → |
|               |              |                    |          |
| Name, First → | Name Last →  | Telephone Number → | E-Mail → |
|               |              |                    |          |

Signature of State Agency Legal Counsel verifying information →

I hereby certify as preparer of this Agreement on behalf of the State Agency that all of the information contained herein is true, accurate and complete as of the date hereof.

|             |         |    |
|-------------|---------|----|
| Dated this: | Day of: | 20 |
|-------------|---------|----|

|         |        |
|---------|--------|
| Signed: | Title: |
|---------|--------|

Printed Name: