STIP PARTICIPANT VIEW ONLY ACCESS AGREEMENT								
STIP Program Manager							For Official Use Only	
Montana Board of Investments							1 or official ose only	
boi_stip@mt.gov P.O. Box 200126							TA Account Number	
Helena, MT 59620-0126								
Phone (406)444-0003								
Requests must be submitted by the authorize representative of the Participant.								
The STIP Participant listed below must have an existing account in the STIP Program as established under § 17-6-204, MCA. The terms and conditions of STIP operations are determined by the Montana Board of Investments.								
Section 1. STIP Participant								
STIP Account Name →								
STIP Account Number →								
Mailing Address 🗲	City 🗲			State 🗲	MT	Zip 🗲		
Authorized								
Representative Name 🗲			I I I I I I I I I I I I I I I I I I I					
Phone 🗲			E-mail →					
Section 2. Endorsement for View Only Access								
The person(s) whose name( promptly of any changes in a	(s) appears below is (are) au nuthorized personnel.	ithor:	ized with v	iew only	access, ai	nd the B	oard shall be notified	
Name→	Phone →			E-	Mail <b>→</b>			
Name→	Phone →			E-	Mail <b>→</b>			
Name→	Phone ->			E-	Mail <b>→</b>			
Name <b>→</b>	Phone →			E-	Mail <b>→</b>			
Name→	Phone →			E-	Mail <b>→</b>			
Name→	Phone →			E-	Mail <b>→</b>			
Name→	Phone →			E-	Mail <b>→</b>			
Name→	Phone →			E-	Mail <b>→</b>			
Name→	Phone →			E-	Mail <b>→</b>			
Name→	Phone →			E-	Mail <b>→</b>			
	ipant, as the authorized repres	entat	ive, I certify	that all the	e informa	tion cont	ained within the agreement	
is true, accurate and complete	e as of the date hereof.							
Signed:				Date:				
Printed Name:			Title:					