

STIP Program Documents - Revised 01/23/2025

STATE AGENCY STIP PARTICIPATION AGREEMENT	
STIP Program Manager Montana Board of Investments boi_stip@mt.gov P.O. Box 200126 Helena, MT 59620-0126 Phone (406)444-0003	<i>For Official Use Only</i> TA Account Number

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 the STIP operations as determined by the Montana Board of Investments (Board):

Section 1. State Agency Information Summary

State Agency →		Tax Identification Number (TIN) →	81-0302402
Mailing Address →	City →	State →	MT Zip →
Contact Name →			
Phone →	E-mail →		

Section 2. SABHRS Investment and Earnings Information

Please complete the following investment accounting information. *If the agency chooses to have the STIP earnings reinvested, 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 3. Endorsement

The person(s) whose name(s) appears below is (are) the employee of State Agency with authority to authorize the purchase and sale of shares in the STIP for the accounts of the State Agency, and the Board shall be notified promptly of any changes in authorized personnel. Please use page 2 only if additional authorized users need to be added. *

Name →	Phone →	E-Mail →	
Name →	Phone →	E-Mail →	
Name →	Phone →	E-Mail →	

On behalf of the State Agency, as the preparer, I certify that all the information contained within the agreement is true, accurate and complete as of the date hereof.

Signed:	Date:
Printed Name:	Title:

Section 4. Authorization of Interest Retention

On the next line, please cite the relevant legal authority (i.e., sections of state law, court decree, trust agreement, etc.) that authorizes the fund to retain interest earnings in their account and that the fund is legally entitled to participate in the STIP.

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Signature of State Agency Legal Counsel verifying information.

Signed:	Date:
Printed Name:	Title:

**The Board shall instruct STIP transactions for this STIP investment account to offset transactions for the purchase or sale of other pools or separately managed investments.*

