

Treasurer's Office Use Only

Parent Acct # _____

Approach _____

Email _____

IPAS _____ QED _____

WYO-STAR

Participation Request Form

DATE: _____ WYO-STAR Account# _____

Name of Participant Account: _____

Address: _____

City/Zip: _____ Tax ID #: _____

Telephone#: _____ Fax #: _____

Primary Contact & Title: _____

Email Address: _____

Number of signatures required to complete transactions: _____

Persons authorized to transact business within the WYO-STAR account:

Printed Name & Title	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***NOTE: If more than one signature is required for withdrawal of funds, the letter of authorization must be in the State Treasurer's Office prior to the withdrawal date. Faxed copies are accepted.**

(IPAS) Internet Participant Access System = Participant Statement and Activity Access

IPAS Access: ___Yes___No **

Type: Read Only (RO) Withdrawals* (WTH) Transfers (TRNS)

****Please note NOT all persons authorized to transact business as an authorized signer need to have IPAS access.**

Please indicate the type of IPAS preference in the IPAS area next to the authorized persons.

Printed Name & Title	Signature	IPAS TYPE
_____	_____	_____
_____	_____	_____
_____	_____	_____