



TRANSACTION REQUEST

Participant Name: _____ STO #: _____

Date of Request: _____

Transaction Type:

(Please check one)

Contribution

☐

Withdrawal

☐

Effective Date: _____

Amount: \$ _____

*Authorized Signature

*Authorized Signature

Title

Title

*NOTE: Only individuals who are listed on the Certification of Authorized Persons form are allowed to submit an internal transfer request. Any request requires the number of authorized signatures necessary to transact activity for the account. All requests received after the deadline will be processed the next business day.

Email: NMSTO.LGIP@sto.nm.gov

New Mexico Local Government Investment Pool (LGIP) deposits are not guaranteed or insured by any bank, the State of New Mexico, the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other agency. New Mexico LGIP deposits involve certain investment risks. Yield and total return may fluctuate and are not guaranteed.

For LGIP use ONLY

Date Received: _____

Processed by: _____

Revised 01/06/2025