New Mexico State Treasurer's Office
Local Government Investment Pool (LGIP)

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

For LGIP use ONLY

Date Received: _____ Processed by: _____

Revised 01/06/2025