

SISC INVESTMENT POOL

P.O. Box 1808
Bakersfield, CA 93303-1808
(661) 636-4710 FAX (661) 636-4063

TRANSACTION REQUEST

Date: _____

TYPE OF TRANSACTION REQUESTED:

1. ___ DEPOSIT *(All deposits must be received two business days before the beginning of the quarter.)*

This will serve as notice that _____ is depositing funds in the amount
(Name of district or agency)
of \$ _____ with the SISC Investment Pool for the quarter beginning _____.

2. ___ WITHDRAWAL *(Withdrawals require 10 days written notice.)*

This will serve as notice that _____ is requesting a withdrawal
(Name of district or agency)
in the amount of \$ _____ for the quarter ending _____.

3. ___ LIQUIDATE ACCOUNT *(Requires 10 days written notice.)*

This will serve as notice that _____ is requesting to liquidate
(Name of district or agency)
its account with the SISC Investment Pool effective with the quarter ending _____.

The above transaction shall be made by: ___ Check ___ Bank Wire Transfer
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For bank wire transfers, please include the following information for your agency:

Bank Name: _____
Bank Location: _____
Bank ABA #: _____
Account Name: _____
Account #: _____

SISC Investment Pool wire transfer information:

Please contact Megan Hanson
mehanson@kern.org or Bonnie
Bowles bobowles@kern.org for wire
instructions.

Transaction Approved by: _____

Signature of authorized agency officer

Name: _____ Title: _____
(Please print.)