## SISC INVESTMENT POOL

P.O. Box 1808 Bakersfield, CA 93303-1808 (661) 636-4411 FAX (661) 636-4063

## TRANSACTION REQUEST

Date:  TYPE OF TRANSACTION REQUESTED:  1DEPOSIT (All deposits must be received two business days before the beginning of the quarter.)			
		This will serve as notice that(Name of district or agency	is depositing funds in the amount
		(Name of district or agency	y)
of \$ with the SISC Investment Pool for the	he quarter beginning		
	ne quarter beginning (date)		
2WITHDRAWAL (Withdrawals require 10 days written not	ice.)		
This will serve as notice that	is requesting a withdrawal		
(Name of district or agence	y)		
in the amount of \$ for the quarter end	ling		
	(date)		
3LIQUIDATE 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 end	ding		
tas decount with the bibe investment 1 our effective with the quarter end	(date)		
The above transaction shall be made by:Check	Bank Wire Transfer		
For bank wire transfers, please include the	SISC Investment Pool		
following information for your agency:	wire transfer information:		
Bank Name:			
Bank Location:	<u>mehanson@siscschools.org</u> or  Nancy Russo <u>narusso@siscschools.org</u>		
Bank ABA #: Account Name:			
Account #:			
Please e-mail this signed form to Megan Hanson mehanson@siscschool	ls.org or Nancy Russo narusso@siscschools.org.		
Transaction Approved by:			
Signature of authorized ag	ency officer		
Name: Title: _			
Name: 1itle: _ (Please print.)			