STATE TREASURER’S OFFICE

NEW ACCOUNT REQUEST FORM

*(to be submitted by Contractor to STO)*

|  |  |
| --- | --- |
| DATE |  |
| **COMPANY NAME** |  |
| **MAILING ADDRESS** |  |
| **TAX ID NUMBER** |  |
| **CONTACT** |  |
| **TITLE** |  |
| **PHONE** |  |
| **FAX** |  |
| **EMAIL** |  |
| **SIGNATURE** |  |

 Mail to: State Treasurer’s Office

 Securities Management Division

 Attn: Ms. Robin Deller

 915 Capitol Mall, Room 101

 Sacramento, CA 95814