West Virginia
INVESTMENT MANAGEMENT BOARD
INDEPENDENT. TRUSTED. BENEFICIARY-FOCUSED.

INVESTMENT SUBSCRIPTION

DEADLINE: 9:00 am **Email To: ParticipantActivity@wvimb.org**

DEPOSIT BY(SELECT): WIRE ☐ / ACH ☐

Name of Bank originating the transfer:

Amount $_____ Cashflow Date _____ / _____ / _____ _____

DEPOSIT BY CHECK

Amount $_____ Date of Check _____ /_____ / _____ Check # _____

Mail to: West Virginia Investment Management Board
ATTN: Participant Accounting
500 Virginia St, E, Ste 200
Charleston, WV 25301

ACCOUNT NUMBER _____

ACCOUNT NAME _____

The West Virginia Investment Management Board is authorized and directed to invest the remitted funds in accordance with the Investment Agreement.

AUTHORIZATION

_____ Print Name

_____ Date

_____ Authorized Signature

_____ Telephone Number

WVIMB OFFICE USE ONLY Date Received _____ / _____ / _____ Date Posted _____ / _____ / _____

Please contact Participant Accounting with questions at ParticipantActivity@wvimb.org or 304-345-2672.