West Virginia

INVESTMENT MANAGEMENT BOARD

INDEPENDENT. TRUSTED. BENEFICIARY-FOCUSED.

INVESTMENT SUBSCRIPTION

DEADLINE: 10:00 am **Email TO: ParticipantActivity@wvimb.org**

Date ____/____/____

Amount $ _____

PARTICIPANT ACCOUNT NUMBER	
PARTICIPANT ACCOUNT NAME	

The West Virginia Investment Management Board is requested to invest the remitted funds.

AGENCY AUTHORIZATION	
Authorized Signature	
Date	
Telephone Number	

WVIMB OFFICE USE ONLY	Date Received:	Date Posted:

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