

# MINNESOTA STATE BOARD OF INVESTMENT

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St Paul MN 55103  
651-296-3328  
Fax: 651-296-9572

## TRUST and OTHER PARTICIPATING ENTITIES CONTACT FORM

The State Board of Investment (SBI) requests that you provide the name, telephone number and e-mail address of the contact person for the Entity. This is the person to whom the monthly reports and other correspondence from the SBI will be sent.

- NEW / REPLACE (I am a new contact replace name on file)
- ADD (Add me as a contact)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address

Please provide the permanent address of the Entity. This is the address where monthly statements and other correspondence from the SBI will be sent.

\_\_\_\_\_  
Entity Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State and Zip Code