



**MINNESOTA STATE BOARD OF INVESTMENT**  
**60 Empire Drive Suite 355**  
**St Paul MN 55103**  
**651-296-3328      FAX 651-296-9572**

**TRUST and OTHER PARTICIPATING ENTITIES**  
**TRANSACTION FORM**

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

**Contribution:** Complete this section if you are contributing funds to your account.

- If contributing by wire transfer please state the date the wire transfer will be made:  
 \_\_\_\_\_ (Month/Day/Year)  
**\*\*You will have to instruct your bank to submit the wire (see website for [wire details](#))\*\***
- If contributing by check please enclose check.

Please indicate below how you wish to invest the contribution:

Non-Retirement Equity Fund	_____
Non-Retirement Bond Fund	_____
Non-Retirement Money Market Fund	_____
Total Contribution	_____

**Withdrawal:** Complete this section if you wish to withdraw funds from your account. Please indicate below which fund(s) from which you wish to withdraw. **Please note you must give 5 business days' notice for withdrawals and have your Entities bank information on file in order to withdraw funds (see website for [Wire Instruction form](#)).**

\_\_\_\_\_ (Month /Day/ Year) you would like your withdrawal.

Non-Retirement Equity Fund	_____
Non-Retirement Bond Fund	_____
Non-Retirement Money Market Fund	_____
Total Withdrawal	_____

**Transfer:** Complete this section if you wish to transfer funds from one investment option to another.

\_\_\_\_\_ (Month /Day/ Year) you would like your transfer

Account <b>from</b> which you wish to transfer funds:	Accounts <b>into</b> which you wish to transfer funds:
Non-Retirement Equity Fund _____	Non-Retirement Equity Fund _____
Non-Retirement Bond Fund _____	Non-Retirement Bond Fund _____
Non-Retirement Money Market Fund _____	Non-Retirement Money Market Fund _____

**This form must be completed for all transactions and be sent to SBI before 2pm five business days prior to the wire transfer date:**

\_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Name (Must be Authorized Signer) \_\_\_\_\_

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