

MINNESOTA STATE BOARD OF INVESTMENT

60 Empire Drive Suite 100 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)	
	CHANGE (Update to existing 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. □ Please check box if you would like a paper statement mailed		
Entity N	Name	
Street		
City, St	ate and Zip Code	