



Exhibit D – Participation Certificate

The undersigned _____ does hereby request that it be admitted as a Participant to the New Hampshire Public Deposit Investment Pool (the "Pool") pursuant to Section 2.3 of the Investment Management and Custodial Agreement (the "Agreement") dated as of April 1, 1993 by and between the State of New Hampshire Bank Commissioner and Advisory Committee, Bank of America, as Custodian, Cutwater Investor Services Corp. and the Participants. By executing and delivering this Participation Certificate, the undersigned agrees that it will become a party to the Agreement, subject to and bound by the obligations and liabilities set forth in the Agreement, including, without limitation, those set forth in Sections 4.8 and 5.6 thereof, and shall have the rights set forth in the Agreement.

The undersigned hereby certifies that _____ is the duly designated Representative of the undersigned, as required by Section 3.1 of the Agreement.

The undersigned hereby certifies that it has taken all necessary action and has received all necessary consents to participate in the Pool, to subject the funds placed by it into the Pool to the terms of the Agreement and to bind itself to the terms of the Agreement.

PARTICIPATION EXECUTION DATE

Date

By: _____

Signature

Name: _____

Title: _____



Registration Form

If you have any questions, call Client Services at 800-395-5505.

Tax Identification Number (9 Digits): _____

Year End: _____

Date: _____

Name of Public Entity: _____

Street Address: _____

Town/City: _____

County: _____ State: _____ Zip Code: _____

Office Phone: _____ Office Fax: _____

Other Phone/Fax Numbers such as home or cell (optional):

Other Information or Comments you wish to provide (optional):



PDIP Accounts to be Established

(There is no limit to how many subaccounts you may have.)

Name of Public Entity: _____

PDIP Sub-Account Name:

PDIP Account Number:

(to be assigned by Cutwater)

NH-01- _____

NH-01- _____

NH-01- _____

NH-01- _____

NH-01- _____

NH-01- _____

NH-01- _____

NH-01- _____

Accounts authorized by:

By: _____
Signature

Title: _____

Date: _____



Authorized Signatories

Name of Public Entity: _____ Date: _____

The following individuals are authorized signatories for the above named public entity:

Name: _____

Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Signature: _____

Will this person receive the monthly statements and transaction confirmations? Yes No

Name: _____

Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Signature: _____

Will this person receive the monthly statements and transaction confirmations? Yes No

Key Contact to receive program correspondence and official notices (does not have to be a signer on the account, i.e., could be an Administrative Assistant):

Name: _____ E-mail: _____

Signatures authorized/verified by:*

Signature *Title*

*The person authorizing/verifying the signer(s) to the NHPDIP account should be able to verify the signers and their positions and is not himself/herself a signer on this account. For example, Cities and Towns should have the City/Town Clerk sign above.



Bank Wire Instructions

Bank Name:	Bank of America
ABA #:	026009593
Wire Account Number:	000180019810
Wire Account Name:	Trust Dept. TX Funds Transfer/Wire
Reference:	51162008503760 New Hampshire PDIP
Attention:	Marilyn Iapicca 617-434-7611

Bank Address: Bank of America
Investment Services Group
Attn: Marilyn Iapicca
Mail Code: MA5-100-17-06
100 Federal Street, 17th Floor
Boston, MA 02110



Wire Transfer Contribution Form

Today's Date: _____

Transaction #: _____
(for Cutwater use)

Transaction Date: _____

Fax this form to Cutwater Asset Management (1-800-765-7600) on the Transaction Date
If you need assistance completing this form or would like a PIN
to process the transaction online, Call Client Services at 1-800-395-5505.

We have Instructed our Bank to Wire Funds to:

Bank Name: Bank of America

ABA #: 026009593

Wire Account Number: 000180019810

Wire Account Name: Trust Dept. TX Funds Transfer/Wire

Reference: 51162008503760 New Hampshire PDIP

Attention: Marilyn Iapicca 617-434-7611

Bank Address: Bank of America
Investment Services Group
Attn: Marilyn Iapicca
Mail Code: MA5-100-17-06
100 Federal Street, 17th Floor
Boston, MA 02110

Below is our information so these funds can be credited to our PDIP account:

Name of Public Entity _____

Name of Banking Institution _____

Bank Account # _____

Amount of Contribution \$ _____

_____ DOLLARS

Name of PDIP Account _____

PDIP Account # NH-01- _____

Authorized Signatory _____

For Cutwater Use:

Cutwater Confirmation Signature _____



ACH Contribution Form

Today's Date: _____

Transaction #: _____
(for Cutwater use)

Transaction Date: _____

Fax this form to Cutwater Asset Management (1-800-765-7600) on the Date Initiated

Use this form to notify Cutwater Asset Management of Contribution before 11:00 A.M. for transfer via the ACH system. Funds will be credited the business day following the date initiated.

Below is our information so these funds can be credited to our PDIP account:

Name of Public Entity _____

Name of Banking Institution _____

Bank Account # _____

Amount of Contribution \$ _____

_____ DOLLARS

Name of PDIP Account _____

PDIP Account # NH-01- _____

Authorized Signatory _____

For Cutwater Use:

Cutwater Confirmation Signature _____



Wire Transfer Withdrawal Form

Today's Date: _____

Transaction #: _____
(for Cutwater use)

Transaction Date: _____

Fax this form to Cutwater Asset Management (1-800-765-7600) on the Transaction Date.
If you need assistance completing this form or would like a PIN
to process the transaction online, Contact Client Services at 1-800-395-5505

Name of Public Entity _____

Name of Banking Institution _____

Bank Account # _____

Amount of Withdrawal \$ _____

_____ DOLLARS

Name of PDIP Account _____

PDIP Account # NH-01- _____

Authorized Signatory _____

For Cutwater Use:

Verification of Funds Availability _____

For Cutwater Use:

Cutwater Confirmation Signature _____



ACH Withdrawal Form

Today's Date: _____

Transaction #: _____
(for Cutwater use)

Transaction Date: _____

Fax this form to Cutwater Asset Management (1-800-765-7600) on the Date Initiated

Use this form to notify Cutwater Asset Management of Withdrawal before 11:00 A.M. for transfer via the ACH system. Funds are available the business day following the date initiated.

Name of Public Entity _____

Name of Banking Institution _____

Bank Account # _____

Amount of Withdrawal \$ _____

_____ DOLLARS

Name of PDIP Account _____

PDIP Account # NH-01- _____

Authorized Signatory _____

For Cutwater Use:

Verification of Funds Availability _____

For Cutwater Use:

Cutwater Confirmation Signature _____