

STATE OF HAWAII
APPLICATION FOR INVESTMENTS

TYPE OR PRINT				FOR B & F USE ONLY: <input type="checkbox"/>				CORRECTION											
1. REQUESTING AGENCY - DEPARTMENT				2. REQUESTING AGENCY - DIVISION				3. CODE		4. REQUEST DATE									
								DEPT. XX	DIV. XXX	MM	DD	YYYY							
				5. AMOUNT OF PURCHASE		6. INVESTMENT PERIOD													
				XXXXXXXX		XX		MM	DD	YYYY		MM	DD	YYYY					
							FROM				TO								
7A. APPROPRIATION TO BE CHARGED				7B. ACCOUNT CODE TO BE CHARGED															
				SFX	TC	F	YR	APP	D	ALLOT CAT	COST CENTER	PROJECT		DEPT ACT	SUBSIDIARY LEDGER A/C	AMOUNT			
				XX	XXX	X	XX	XXX	XX	XX	XXXX	XXXXXX	XX	XXX	XXXXXX	XXXXXXXXXXXX		XX	
8. WE CERTIFY THAT THERE ARE SUFFICIENT FUNDS IN THE APPROPRIATION TO BE CHARGED FOR THE PURPOSE OF THE ACTION REQUESTED HEREIN.																			
SIGNATURE: FISCAL OFFICER _____ DATE _____																			
FOR DIRECTOR OF FINANCE USE ONLY																			
9. TYPE OF INVESTMENT (Check One Only)																			
01 <input type="checkbox"/> TIME CERTIFICATE OF DEPOSIT								08 <input type="checkbox"/> FEDERAL HOME LOAN MORTGAGE CORPORATION											
02 <input type="checkbox"/> REPURCHASE AGREEMENT								09 <input type="checkbox"/> COMMERCIAL PAPER											
03 <input type="checkbox"/> STUDENT LOAN								10 <input type="checkbox"/> TREASURY BILL											
04 <input type="checkbox"/> FEDERAL HOME LOAN BANK								11 <input type="checkbox"/> TREASURY BOND											
05 <input type="checkbox"/> FEDERAL NATIONAL MORTGAGE ASSOCIATION								12 <input type="checkbox"/> TREASURY NOTE											
06 <input type="checkbox"/> GOVERNMENT NATIONAL MORTGAGE ASSOCIATION								13 <input type="checkbox"/> OTHER											
07 <input type="checkbox"/> FEDERAL AGRICULTURAL MORTGAGE ASSOCIATION								14 <input type="checkbox"/>											
10. INVESTMENT NUMBER _____																			
11. INVESTMENT POOL <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> B																			
12. INTEREST RATE _____ %																			
13. PROJECTED INTEREST \$ _____																			
14. FINANCIAL INSTITUTION																			
01 <input type="checkbox"/> BANK OF HAWAII								07 <input type="checkbox"/> TERRITORIAL SAVINGS & LOAN ASSOCIATION											
02 <input type="checkbox"/> FIRST HAWAIIAN BANK								08 <input type="checkbox"/> CITI SMITH BARNEY											
03 <input type="checkbox"/> CENTRAL PACIFIC BANK								09 <input type="checkbox"/> MERRILL LYNCH											
04 <input type="checkbox"/> HAWAII NATIONAL BANK								10 <input type="checkbox"/> PACIFIC RIM BANK											
05 <input type="checkbox"/> BANK OF THE ORIENT								11 <input type="checkbox"/>											
06 <input type="checkbox"/> AMERICAN SAVINGS BANK, F.S.B.								12 <input type="checkbox"/>											
15. REMARKS												18. COMPTROLLER							
												16. EXECUTED AS APPLIED FOR							
MM DD YYYY				MM	DD	YYYY	XXXXXXXX												
SIGNATURE: DEPUTY DIRECTOR OF FINANCE _____																			