



Intermediate Investment Pool
Additions

Participant Name:	Date:
Initiated By:	Signature
Phone:	Fax:
Yes <input type="checkbox"/>	
Are Additions Already on Deposit with UNC Chapel Hill	
No <input type="checkbox"/>	

ALLOCATION OF ADDITIONS BY PARTICIPANT ACCOUNT:

No.	FRS Account Number	Account Name	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Note: This form must be received by the Accounting Services office by the timeline indicated in the Intermediate Investment Pool Policy.

Exceptions to this policy must be approved by the University Controller and the UNC Management Company.

**MAIL TO: Accounting Services, Attn: Investment Accountant
104 Airport Drive CB# 1210**