

**STATE OF KANSAS
MUNICIPAL INVESTMENT POOL**

Certificate of Transfer

(Return this form at least 20 days prior to your payment due date)

Municipality Name _____

Total Amount Due (including Fiscal Agent Commission) _____

Payment Due Date _____

MUNICIPALITY CERTIFICATION

1. I am a duly elected, qualified and acting officer of the above municipality and authorized to execute this certificate for and on its behalf;
2. That as of the date of this certificate, there are sufficient funds on deposit with the Kansas Municipal Investment Pool to pay the interest and/or principal due;
3. That the above described funds are sufficient to accomplish redemption of the interest and/or principal thereon issued by _____ in _____ County, Kansas, and described as follows

4. That a Municipal of Investment Pool Online Request will be forwarded to the Municipal Investment Pool at least 20 days prior to the payment due date. The effective date of the Online Request will be one business day prior to the actual payment due date.
5. That is certificate is made pursuant to and in compliance with K.S.A. 10-130, as amended.

Name (print or type)	Phone
Signature	Date

MUNICIPAL INVESTMENT BOARD CERTIFICATION

The Kansas Municipal Investment Pool does hereby certify that the above municipality has sufficient funds on deposit to pay the interest and/or principal due and that said payment will be transferred to the Fiscal Agent one business day prior to the actual due date.

Name (print or type)	
Signature	Phone