



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.

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