

**TRANSFER REQUEST FORM**  
**ARKANSAS STATE TREASURY MONEY MANAGEMENT TRUST**

*Please complete this form and return to the Arkansas State Treasury's Office via email.  
Email: MMTrust@artreasury.gov  
Contact: STMMT Administrator (501-682-1291)*

*Please complete this form to transfer funds from one STMMT Account into another STMMT Account.*

Participant Name: \_\_\_\_\_

Request Date: \_\_\_\_\_ Transaction Date: \_\_\_\_\_

Participant's Phone Number: \_\_\_\_\_

Participant's Email: \_\_\_\_\_

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Transfer Amount: \_\_\_\_\_

To STMMT Account #: \_\_\_\_\_

From (Other STMMT Account Name): \_\_\_\_\_

From STMMT Account #: \_\_\_\_\_

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Authorized by:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Date*

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**FOR TRUST USE ONLY**

Ticket # \_\_\_\_\_

Correspondent  
Bank Name \_\_\_\_\_

Bank T/R # \_\_\_\_\_ Account Balance \_\_\_\_\_

Correspondent Bank T/R# \_\_\_\_\_