

**WORKERS' COMPENSATION SELF-INSURED GROUPS  
ELECTION FORM  
FOR SAFEKEEPING OF SECURITIES**  
Pursuant to KRS 304.50-050(2)

The \_\_\_\_\_,  
(Name of Fund)

\_\_\_\_\_  
(Street Address) (City) (State)

hereby designates the \_\_\_\_\_  
(Name of Bank)

\_\_\_\_\_ to perform those safekeeping duties relating  
(City & State)

to the security provided to the Department of Insurance under workers' compensation regulations.

**\*NOTE: The named Fund's officers (below) are those designated to order security transactions and MUST MATCH those signatories on the Corporate Resolution.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Fund Officer

\_\_\_\_\_  
Name of Fund Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Return To: Kentucky Department of Insurance at the address above.**