

GEORGIA FUND 1

(Local Government Investment Pool "LGIP")

Resolution to Authorize Investment and Designate Representatives

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ADDITIONAL AUTHORIZED REPRESENTATIVES OF THE PARTICIPANT

Any one of the following individuals shall be authorized to deposit and/or withdraw funds from the local government investment pool on behalf of the Participant: (Please select at least one person for online system (IPAS) access to electronically perform authorized functions and to obtain monthly statements. All individuals currently with online access not on this resolution will be deactivated) Participants 1-5 are noted on the resolution.

6.	Printed Name:			Telephone:	
	Title:			Cell Number:	
	Email:			☐ Grant IPAS	Access
	Authority:	☐ Deposit/Withdrawal/Transfer	☐ Deposit Only		
7.	Printed Name:			Telephone:	
	Title:			Cell Number:	
	Email:			☐ Grant IPAS	Access
	Authority:	☐ Deposit/Withdrawal/Transfer	☐ Deposit Only		
8.	Printed Name:			Telephone:	
	Title:			Cell Number:	
	Email:			☐ Grant IPAS	Access
	Authority:	☐ Deposit/Withdrawal/Transfer	☐ Deposit Only		
9.	Printed Name:			Telephone:	
	Title:		1	Cell Number:	
	Email:		1	☐ Grant IPAS A	Access
	Authority:	☐ Deposit/Withdrawal/Transfer	☐ Deposit Only		
10.	Printed Name:			Telephone:	
	Title:			Cell Number:	
	Email:			☐ Grant IPAS	Access
	Authority:	☐ Deposit/Withdrawal/Transfer	☐ Deposit Only		
11.	Printed Name:			Telephone:	
	Title:			Cell Number:	
	Email:			☐ Grant IPAS A	Access
	Authority:	☐ Deposit/Withdrawal/Transfer	☐ Deposit Only		
12.	Printed Name:			Telephone:	
	Title:			Cell Number:	
	Email:			☐ Grant IPAS	Access
	Authority:	☐ Deposit/Withdrawal/Transfer	☐ Deposit Only		
13.	Printed Name:			Telephone:	
	Title:			Cell Number:	
	Email:			☐ Grant IPAS A	Access
	Authority:	☐ Deposit/Withdrawal/Transfer	☐ Deposit Only		
14.	Printed Name:			Telephone:	
	Title:			Cell Number:	
	Email:			☐ Grant IPAS	Access
	Authority:	☐ Deposit/Withdrawal/Transfer	☐ Denosit Only		