

## **Georgia Fund 1 (GF1) e-Resolutions Request and Submission Instructions**

Please watch the instructional GF1 e-Resolution Webinar video (<https://ost.georgia.gov/divisions-offices/investments/georgia-fund-1>) and fully read the resolution instructions prior to beginning the resolution submission process.

### **A. Submitting an e-Resolution Request:**

1. Access OST website (<https://ost.georgia.gov/>).
2. Locate the Georgia Fund 1 (GF1) content box on the Home Page.
3. Click the Georgia Fund 1 e-Resolution Request link.
4. GF1 Resolution Request:
  - a. **Resolution Type:** If you are adding a new GF1 account, select New Resolution. For a change to an existing account, select Amended Resolution and enter the GF1 Account Number in the space provided.
  - b. **Participant:** Enter the Entity name, your name and your email. (The person requesting the e-Resolution.)
  - c. **Head of Governing Authority:** Enter the Entity's Head of Governing Authority's name, email, and contact number. This is the person that is authorized to approve the e-Resolution such as the Board Chairman, Commissioner, or Mayor.
  - d. Once the form has been completed, click "Submit". An email confirmation will be sent immediately upon submission of this request.

**Note: A separate e-Resolution Request is required for each GF1 account you wish to process.**

### **B. Completing an e-Resolution Form**

1. Once the request form has been processed, you will receive an email from the Office of the State Treasurer (OST) via DocuSign to complete an e-Resolution Form. To begin the e-Resolution Form session, open the email and click "Review Document."
2. Select the signature disclosure box in the upper left-hand corner to continue. After reading the terms, check agree to use electronic records and signatures and click "Continue".
3. Enter the effective date. The effective date is the date of submission.
4. **Participant Information:**
  - a. Enter Participant Information including participant's (entity) name, Tax ID# or TIN #, physical address and mailing address, even if they are the same addresses.
  - b. Indicate if the resolution is for a new account or an amendment to an existing account by selecting New Account or Amendment to an existing account. For amendments to an existing account, select user changes, bank changes, or changes to both, and enter the existing GF1 account #, beginning with the 4-digit account # followed by the next 5 or 6 digits. (1234-123456)

**Note: The entity name and TIN # should be the same as what is on the W9 that was submitted to the entity's banking institution.**

# Georgia Fund 1 (GF1) e-Resolutions Request and Submission Instructions

## 5. Authorized Representatives of The Participant:

- a. Authorized Representative Information: Enter information required for each individual authorized to make deposits and/or withdrawals (transaction authority) to the entity's GF 1 account. Enter their name, title, email address, telephone number, and cell phone number.
- b. **Authority:** Select Deposit/Withdrawal/Transfer if you want the authorized user to have the ability to make all transaction types. If Deposit Only is selected the authorized individual will only be able to make deposits into the entity's GF1 account.
- c. **Grant IPAS Access:** Indicate if the authorized individual requires access to the Internet Participant Access System (IPAS) providing them the ability to electronically perform authorized functions and to obtain monthly statements.

### 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)

1. Printed Name:	<input type="text"/>	Telephone:	<input type="text"/>
Title:	<input type="text"/>	Cell Number:	<input type="text"/>
Email:	<input type="text"/>	<input type="checkbox"/>	Grant IPAS Access
Authority:	<input type="checkbox"/> Deposit/Withdrawal/Transfer	<input type="checkbox"/>	Deposit Only

Entities requiring more than 5 authorized representatives may complete a separate form and attach to the e-Resolution. The Additional Authorized form attachment can be located on the OST Website under the GF1 Additional Forms & Information section. <https://ost.georgia.gov/divisions-offices/investments/georgia-fund-1>. Complete and save the form. On the e-Resolution, select the additional authorized checkbox. Then select Upload File and attach the completed document.

For additional AUTHORIZED individuals, please check and attach user information to this form.



**Note: One authorized individual must be selected to have IPAS access. For changes to existing accounts (amended resolutions), all individuals that continue to need the ability to have transaction authority must be listed. Individuals with current access not listed on the amended e-Resolution will have their access removed.**

## 6. READ ONLY Authorized Representatives of the Participant

- a. Enter all individuals that are authorized to have read only access to the entity's statements and account information. Enter their name, title, email address, telephone number, and cell phone number.
- b. For additional READ-ONLY access users, obtain an additional read-only access form located on the OST Website. <https://ost.georgia.gov/document/document/gf1resolutionformadditional-read-only/download>. Complete and save the form.
- c. On the e-Resolution, select the additional read-only checkbox. Then select Upload File and attach the completed document.

## **Georgia Fund 1 (GF1) e-Resolutions Request and Submission Instructions**

### **7. Banking Information:**

- a. Before you begin the banking section, you will need to know the following information:
- Bank address, bank contact information and account title, ABA and account number for each account.
  - Does your local bank have different ABAs for wires and ACHs? If so, you will need both.
  - Is the bank account a corporate trust account? If so, verify with the bank their preferred method of payment. Typically, corporate trust accounts require wire payments. Obtain bank instructions.
  - Does the local bank require a correspondent bank to receive wires? If so, obtain wire instructions from the local bank.
  - Do you want OST to ACH Debit your account for contributions made to your GF1 account or do you want to wire contributions to your account?

### **8. Banking Instructions: (CTAS agencies skip to step 9).**

- a. List all applicable bank accounts related to the GF1 Account as this e-Resolution **will supersede** the previous e-Resolution.
- b. Enter the bank address, bank contact information, and account title.

**Note: Entities can list up to 6 bank accounts. Each bank account number on the e-resolution requires a separate bank section to be completed. (Bank 1, Bank 2, etc.)**

#### **BANKING INSTRUCTIONS**

##### **Bank 1:**

Bank Name:  Account Title:

Bank Address:

City:  State:  Zip Code:

Bank Contact:  Bank Contact Telephone Number:

Corporate Trust Account or Fiscal Agent Account:  No  Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

Entities requiring more than 6 banks may complete a separate form and attach to the e-Resolution. The bank form attachment can be located on the OST Website under the GF1 Additional Forms & Information section. <https://ost.georgia.gov/divisions-offices/investments/georgia-fund-1>. Complete and save the form. On the e-Resolution, select the additional bank accounts checkbox. Then select Upload File and attach the completed document.

For additional BANK ACCOUNTS, please check and attach bank instructions to this form.



- c. Select “No” or “Yes” to indicate if the account is a Corporate Trust Account. If the account is not a corporate trust account, check “No and continue to the next section.

**Note: Corporate trust accounts are accounts where the bank serves as trustee, agent, or global custodian. Generally, bank personnel are listed as authorized users for corporate trust accounts. Corporate Trust Accounts generally requires wire payments.**

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- d. If the account is a Corporate Trust, check “Yes” and perform the following:
- Verify with the bank their preferred method of payment.
  - Obtain bank instructions.
  - If wire payments are required, the ACH section does not have to be completed on the resolution.
  - Corporate trust accounts usually do not allow for any ACH debits (contributions) to the account. Once you have confirmed that this is accurate, check “No” under the ACH Debit for Contribution section. **All contributions will have to be wired to OST.**

### Example: Corporate trust account that requires a wire:

BANKING INSTRUCTIONS	
<b>Bank 1:</b>	
Bank Name:	Bank of Example (Corporate Trust) Account Title: Blank County Bond Account
Bank Address:	2225 Main Street
City:	Marietta State: GA Zip Code: 30064
Bank Contact:	Joe Smith Bank Contact Telephone Number: 770-222-5546
Corporate Trust Account or Fiscal Agent Account: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, confirm preferred method of transfer, ACH or Wire)	
<b>ACH Instructions</b>	
Bank ABA Number:	Bank Account Number:
Allow OST to ACH Debit for Contributions:	
<input type="checkbox"/> Yes. If there is a debit block on this account, please provide the bank OST's Company ID: 1581125844.	
<input checked="" type="checkbox"/> No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.	
<b>WIRE Instructions</b>	
Bank ABA Number:	121000248 Bank Account Number: 6589632
Addendum Information: FFC Blank County Acct xxxxxx (information the bank wants referenced)	
Correspondent Bank Instructions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attach Correspondent Bank Wire Instruction	
Correspondent Bank Name:	Correspondent Bank ABA#:
Correspondent Bank City:	Correspondent Bank Account#:

- e. **ACH Instructions:** OST requires ACH and wire banking instructions for each bank listed on the resolution. All withdrawals from the local government investment pool will be sent via ACH to the participant's demand deposit account(s) except to account(s) designated as corporate trust accounts. Wire templates are set up in the event a GF1 participant needs same day funds (ACH transactions cannot be processed same day).

<b>ACH Instructions</b>	
Bank ABA Number:	Bank Account Number:
Allow OST to ACH Debit for Contributions:	
<input type="checkbox"/> Yes. If there is a debit block on this account, please provide the bank OST's Company ID: 1581125844.	
<input type="checkbox"/> No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.	

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- f. Enter the ACH ABA number and bank account number.
- g. “Allows OST to Debit for Contribution” - This section replaces the prior ACH Debit Authorization form. Select “Yes” or “No” to grant OST authority to ACH Debit your account for contributions made to your GF1 account. For amended resolutions, we suggest you review your existing method (ACH or Wire) for contributions to your GF1 account in order to select and continue your current process.
- h. If “Yes” is selected, please add OST’s company ID 1581125844 to your bank’s debit block fraud filter.
- i. If “No” is selected, you will be required to wire the funds to OST for any Contributions.

**Note: Since some banks have different ABA numbers for ACH and wires, it is important to verify both sets of instructions with your bank. This will ensure accurate delivery of the funds. Information for both ACH and Wires must be completed even if the ABA numbers are the same.**

- j. **Wire Instructions:** Wire templates are set up to use in emergency cases when a same day withdrawal is necessary. Enter the wire ABA number and bank account number. The wire and ACH account numbers should be the same. If you would like or need addendum information attached to the wire, please include the information on the Addendum Information line. If addendum information is not needed, please put N/A.

### WIRE Instructions

Bank ABA Number:  Bank Account Number:   
Addendum Information:

### Example: Different ABA numbers for wires and ACHs – Not a corporate trust account and allowing ACH Debits for contributions

#### BANKING INSTRUCTIONS

##### Bank 1:

Bank Name:  Account Title:   
Bank Address:   
City:  State:  Zip Code:   
Bank Contact:  Bank Contact Telephone Number:

Corporate Trust Account or Fiscal Agent Account:  No  Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

##### ACH Instructions

Bank ABA Number:  Bank Account Number:

Allow OST to ACH Debit for Contributions:

- Yes. If there is a debit block on this account, please provide the bank OST’s Company ID: 1581125844.
- No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

##### WIRE Instructions

Bank ABA Number:  Bank Account Number:   
Addendum Information:

Correspondent Bank Instructions Required?  Yes  No  Attach Correspondent Bank Wire Instruction

Correspondent Bank Name:  Correspondent Bank ABA#:

Correspondent Bank City:  Correspondent Bank Account#:

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- l. **Correspondent Bank Instructions:** In some instances, local banks cannot accept wires directly and must use a correspondent bank. This is more common with smaller banks. Please verify with your local bank if a Correspondent Bank is used to receive wires.

Correspondent Bank Instructions Required?  Yes  No

Correspondent Bank Name: \_\_\_\_\_ Correspondent Bank ABA#: \_\_\_\_\_

Correspondent Bank City: \_\_\_\_\_ Correspondent Bank Account#: \_\_\_\_\_

- m. Select “Yes” or “No” to indicate if a Correspondent bank is required. If “No”, no additional information is needed.
- n. If “Yes”, complete the correspondent bank section. Obtain your local bank wire instructions on their letter head and attach to the resolution.

## Example: Correspondent Bank

### BANKING INSTRUCTIONS

#### Bank 1:

Bank Name: \_\_\_\_\_ Local Bank Name \_\_\_\_\_ Account Title: \_\_\_\_\_ Blank County BOE \_\_\_\_\_

Bank Address: \_\_\_\_\_ 123 Main Street \_\_\_\_\_

City: \_\_\_\_\_ Hometown \_\_\_\_\_ State: \_\_\_\_\_ GA \_\_\_\_\_ Zip Code: \_\_\_\_\_ 211111 \_\_\_\_\_

Bank Contact: \_\_\_\_\_ John Smith \_\_\_\_\_ Bank Contact Telephone Number: \_\_\_\_\_ 770-123-4785 \_\_\_\_\_

Corporate Trust Account or Fiscal Agent Account:  No  Yes (If Yes, confirm preferred method of transfer, ACH or Wire)

#### ACH Instructions

Bank ABA Number: \_\_\_\_\_ 061202957 \_\_\_\_\_ Bank Account Number: \_\_\_\_\_ 11123520 \_\_\_\_\_

Allow OST to ACH Debit for Contributions:

Yes. If there is a debit block on this account, please provide the bank OST's Company ID: 1581125844.

No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.

#### WIRE Instructions

Bank ABA Number: \_\_\_\_\_ 061202957 \_\_\_\_\_ Bank Account Number: \_\_\_\_\_ 11123520 \_\_\_\_\_

Addendum Information: \_\_\_\_\_ Optional Information \_\_\_\_\_

Correspondent Bank Instructions Required?  Yes  No

Attach Correspondent Bank Wire Instruction

Correspondent Bank Name: \_\_\_\_\_ TIB Dallas \_\_\_\_\_ Correspondent Bank ABA#: \_\_\_\_\_ 111010170 \_\_\_\_\_

Correspondent Bank City: \_\_\_\_\_ City State \_\_\_\_\_ Correspondent Bank Account#: \_\_\_\_\_ 061202957 \_\_\_\_\_

- o. The wire instructions will list the receiving financial institution or bank. This receiving bank is the correspondent bank, so the information listed should be entered for the Correspondent Bank Name, Correspondent Bank City, and Correspondent Bank ABA# fields.
- p. The wire instructions will also list the beneficiary financial institution or bank. The ABA or account number listed for the beneficiary bank should be entered in the Correspondent Bank Account# field. This number will generally be the same as your local bank's ABA number, but it can be different.
- q. In the Addendum information section, be sure to include the “For Further Credit (FFC) information”. This will be the GF1 participant's name and bank information.

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9. **For CTAS State Agencies ONLY:** If any withdrawals or contributions are to be made between the GF1 account and your “Z” fiduciary account, CTAS agencies can reference their “Z” account in the bank account number field. A CTAS Transfer option will be set up in IPAS that will be used as the “bank” for any transactions. Agency banks outside of the CTAS program can be added as a separate bank on the resolution.

BANKING INSTRUCTIONS	
<b>Bank 1:</b>	
Bank Name:   Wells Fargo	Account Title:   CTAS Operating
Bank Address:   123 Sample Street	
City:   Atlanta	State:   GA   Zip Code:   30334
Bank Contact:   John Doe	Bank Contact Telephone Number:   770-123-4785
Corporate Trust Account or Fiscal Agent Account: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, confirm preferred method of transfer, ACH or Wire)	
<b>ACH Instructions</b>	
Bank ABA Number:   N/A	Bank Account Number:   123Z
Allow OST to ACH Debit for Contributions:	
<input checked="" type="checkbox"/> Yes. If there is a debit block on this account, please provide the bank OST's Company ID: 1581125844.	
<input type="checkbox"/> No. Participant will be responsible for sending a wire for any contributions made to the Georgia Fund 1 account.	
<b>WIRE Instructions</b>	
Bank ABA Number:   N/A	Bank Account Number:   123Z
Addendum Information:   N/A	
Correspondent Bank Instructions Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Attach Correspondent Bank Wire Instruction	
Correspondent Bank Name:	Correspondent Bank ABA#:
Correspondent Bank City:	Correspondent Bank Account#:

10. **Other Information pertaining to the Banking section:**

- Any unused banking sections can be left blank.
- If you have any questions while completing the banking section of the e-Resolution, please call the Georgia Fund 1 administrator for assistance at 404-656-2993.
- **Once the resolution is submitted to OST, no bank changes can be made to the resolution.** If bank changes are needed due to an error after submission the e-Resolution will be voided and a new e-Resolution will need to be submitted.

11. **Signature of Head of Governing Authority:**

The Head of Governing Authority will receive an email notification from OST via DocuSign and will be requested to electronically sign the documents. This is the person that is authorized to approve the e-Resolution such as the Board Chairman, Commissioner, or Mayor. Once the signed resolution is submitted, OST will contact the Head of the Governing Authority to verify their identity and continue the resolution submission process.

**Note: The Head of Governing Authority's identity MUST be verified by an OST Certifier or a Notary.**

12. The entity will receive a completed resolution via DocuSign for their record once the resolution has been fully processed.

**FOR QUESTIONS OR COMMENTS CONCERNING THESE PROCEDURES OR YOUR ACCOUNT, PLEASE CONTACT US BY PHONE (404-656-2993) OR EMAIL (GF1\_fund\_admin@treasury.ga.gov)**