

GEORGIA FUND 1 (Local Government Investment Pool "LGIP")

Resolution to Authorize Investment

	 Eff	ective Date*
ADDITIONAL BANKING INSTRUCTIONS		
<u>Bank 11:</u>		
Bank Name:	Account Title:	
Bank Address:		
City:	State: Zip Code:	
Bank Contact:	Bank Contact Telephone Number:	
Corporate Trust Account: \Box No \Box Yes (If Yes, confirm preferred method o	f transfer, ACH or Wire)	
ACH Instructions		
Bank ABA Number: Bank Account Num Allow OST to ACH Debit for Contributions:	ber:	
□ Yes. If there is a debit block on this account, please provide the	hank OST's Company ID: 1581125844	
 ☐ No. Participant will be responsible for sending a wire for any c 		
	ontroutons made to the Georgia I and I account.	
WIRE Instructions		
Bank ABA Number: Bank Account Num	ıber:	
Addendum Information:		
Correspondent Bank Instructions Required? □ Yes □ No		
Correspondent Bank Name:	Correspondent Bank ABA#:	
Correspondent Bank City:	Correspondent Bank Account#:	
<u>Bank 12:</u>		
Bank Name:	Account Title:	
Bank Address:		
City:	State: Zip Code:	
Bank Contact:	Bank Contact Telephone Number:	
Corporate Trust Account: \Box No \Box Yes (If Yes, confirm preferred method o	f transfer, ACH or Wire)	
ACH Instructions		
	ber:	
Allow OST to ACH Debit for Contributions:	hark OST's Company ID: 1591125944	
 □ No. Participant will be responsible for sending a wire for any c 		
1 No. 1 articipant will be responsible for sending a wife for any c	ontroutons made to the Georgia Fund Faccount.	
WIRE Instructions		
Bank ABA Number: Bank Account Num	ıber:	
Addendum Information:		
Correspondent Bank Instructions Required? Ves No		
Correspondent Bank Name:	Correspondent Bank ABA#:	
Correspondent Bank City:	Correspondent Bank Account#:	



GEORGIA FUND 1 (Local Government Investment Pool "LGIP")

Resolution to Authorize Investment

Effective Date*

<u>Bank 13:</u>	
Bank Name:	Account Title:
Bank Address:	
City:	State: Zip Code:
Bank Contact:	Bank Contact Telephone Number:
Corporate Trust Account: No Yes (If Yes, confirm preferred method) 	d of transfer, ACH or Wire)
ACH Instructions	
Bank ABA Number: Bank Account N	lumber:
Allow OST to ACH Debit for Contributions:	
\Box Yes. If there is a debit block on this account, please provide	the bank OST's Company ID: 1581125844.
\Box No. Participant will be responsible for sending a wire for an	y contributions made to the Georgia Fund 1 account.
WIRE Instructions	
Bank ABA Number: Bank Account N	Jumber:
Addendum Information:	
Correspondent Bank Instructions Required? □ Yes □ No	
Correspondent Bank Name:	Correspondent Bank ABA#:
Correspondent Bank City:	Correspondent Bank Account#:
<u>Bank 14:</u>	
Bank Name:	
	Account Title:
Bank Address:	
Bank Address:	
·	State: Zip Code:
City:	State: Zip Code: Bank Contact Telephone Number:
City:Bank Contact:	State: Zip Code: Bank Contact Telephone Number:
City:Bank Contact:Bank Contact:Corporate Trust Account: No Yes (If Yes, confirm preferred metho	 State: Zip Code: Bank Contact Telephone Number: d of transfer, ACH or Wire)
City:Bank Contact:Bank Contact:Corporate Trust Account: No Yes (If Yes, confirm preferred metho	State: Zip Code: Bank Contact Telephone Number:
City:Bank Contact:Bank Contact:Corporate Trust Account: No Yes (If Yes, confirm preferred metho	 State: Zip Code: Bank Contact Telephone Number: d of transfer, ACH or Wire)
City:Bank Contact:Bank Contact:Corporate Trust Account: No Yes (If Yes, confirm preferred metho ACH Instructions Bank ABA Number: Bank Account N Allow OST to ACH Debit for Contributions: Yes. If there is a debit block on this account, please provide	State: Zip Code: Bank Contact Telephone Number: d of transfer, ACH or Wire)
City:Bank Contact:Bank Contact:Corporate Trust Account: No Yes (If Yes, confirm preferred metho ACH Instructions Bank ABA Number: Bank Account N Allow OST to ACH Debit for Contributions:	State: Zip Code: Bank Contact Telephone Number: d of transfer, ACH or Wire)
City:Bank Contact:Bank Contact:Corporate Trust Account: No Yes (If Yes, confirm preferred metho ACH Instructions Bank ABA Number: Bank Account N Allow OST to ACH Debit for Contributions: Yes. If there is a debit block on this account, please provide	State: Zip Code: Bank Contact Telephone Number: d of transfer, ACH or Wire)
City:Bank Contact:Bank Contact:Corporate Trust Account: No Yes (If Yes, confirm preferred metho ACH Instructions Bank ABA Number: Bank Account N Allow OST to ACH Debit for Contributions: Yes. If there is a debit block on this account, please provide No. Participant will be responsible for sending a wire for an WIRE Instructions	State: Zip Code: Bank Contact Telephone Number: d of transfer, ACH or Wire)
City:Bank Contact:Bank Contact:Corporate Trust Account: No Yes (If Yes, confirm preferred metho ACH Instructions Bank ABA Number: Bank Account N Allow OST to ACH Debit for Contributions: Yes. If there is a debit block on this account, please provide No. Participant will be responsible for sending a wire for an WIRE Instructions	
City:	
City:	



GEORGIA FUND 1 (Local Government Investment Pool "LGIP")

Resolution to Authorize Investment

Effective Date*

Bank 15:	
Bank Name:	Account Title:
Bank Address:	
City:	State: Zip Code:
Bank Contact:	Bank Contact Telephone Number:
Corporate Trust Account: No Yes (If Yes, confirm preferred method of the second seco	ransfer, ACH or Wire)
ACH Instructions	
Bank ABA Number: Bank Account Number	r:
Allow OST to ACH Debit for Contributions:	
\Box Yes. If there is a debit block on this account, please provide the b	ank OST's Company ID: 1581125844.
\Box No. Participant will be responsible for sending a wire for any con	tributions made to the Georgia Fund 1 account.
WIRE Instructions	
	pr:
Addendum Information:	
Correspondent Double Instructions Described?	
Correspondent Bank Instructions Required? Ves No Correspondent Bank Name:	Common on don't Don't ADA#
Correspondent Bank City:	Correspondent Bank Account#:
Bank 16:	
	Account Title:
Bank Address:	
·	· · · · · · · · · · · · · · · · · · ·
City:	State: Zip Code:
City:	State: Zip Code: Bank Contact Telephone Number:
City:	State: Zip Code: Bank Contact Telephone Number:
City:	State: Zip Code: Bank Contact Telephone Number:
City:	State: Zip Code: Bank Contact Telephone Number:
City:	State: Zip Code: Bank Contact Telephone Number: ransfer, ACH or Wire)
City: City: City: City: Corporate Trust Account: No Yes (If Yes, confirm preferred method of the ACH Instructions Bank ABA Number: Bank ACCOUNT Number: Bank ACCOUNT Number: City: Bank ACCOUNT Number: City: C	State: Zip Code: Bank Contact Telephone Number: ransfer, ACH or Wire)
City:	State: Zip Code: Bank Contact Telephone Number: ransfer, ACH or Wire)
City:	State: Zip Code: Bank Contact Telephone Number: ransfer, ACH or Wire)
City:	State: Zip Code: Bank Contact Telephone Number: ransfer, ACH or Wire)
City:	State: Zip Code: Bank Contact Telephone Number: ransfer, ACH or Wire)
City:	State: Zip Code: Bank Contact Telephone Number: ransfer, ACH or Wire) er: ank OST's Company ID: 1581125844. tributions made to the Georgia Fund 1 account.
City:	State: Zip Code: Bank Contact Telephone Number: ransfer, ACH or Wire) er: ank OST's Company ID: 1581125844. tributions made to the Georgia Fund 1 account.
City:	State: Zip Code: Bank Contact Telephone Number: ransfer, ACH or Wire) rr: ank OST's Company ID: 1581125844. tributions made to the Georgia Fund 1 account.
City:	State: Zip Code: Bank Contact Telephone Number: ransfer, ACH or Wire) rr: ank OST's Company ID: 1581125844. tributions made to the Georgia Fund 1 account.



GEORGIA FUND 1

(Local Government Investment Pool "LGIP") Resolution to Authorize Investment

Effective Date*

<u>Bank 17:</u>	
Bank Name:	Account Title:
Bank Address:	
City:	State: Zip Code:
Bank Contact:	Bank Contact Telephone Number:
Corporate Trust Account: □ No □ Yes (If Yes, confirm preferred	method of transfer, ACH or Wire)
ACH Instructions	
	ount Number:
Allow OST to ACH Debit for Contributions:	,
□ Yes. If there is a debit block on this account, please p	rovide the bank OST's Company ID: 1581125844.
	for any contributions made to the Georgia Fund 1 account.
WIRE Instructions	
Bank ABA Number: Bank Acce	ount Number:
Addendum Information:	
Correspondent Bank Instructions Required? □ Yes □ No	
Correspondent Bank Name:	Correspondent Bank ABA#:
Correspondent Bank City:	Correspondent Bank Account#:
<u>Bank 18:</u>	
Bank Name:	Account Title:
Bank Address:	
City:	State: Zip Code:
Bank Contact:	, ,
Corporate Trust Account: \Box No \Box Yes (If Yes, confirm preferred	method of transfer, ACH or Wire)
ACH Instructions	
Bank ABA Number: Bank Accord Allow OST to ACH Debit for Contributions:	ount Number:
□ Yes. If there is a debit block on this account, please p	rovide the bank OST's Company ID: 1581125844
	for any contributions made to the Georgia Fund 1 account.
- 110. I a despair will be responsible for sending a will	Tor any contributions indee to the Georgia Fund Facebuilt.
WIRE Instructions	
Bank ABA Number: Bank Acco	ount Number:
Addendum Information:	
Correspondent Bank Instructions Required? □ Yes □ No	
Correspondent Bank Name:	Correspondent Bank ABA#:
Correspondent Bank City:	Correspondent Bank Account#: