

For Customer Use:

I have an existing Acct. # \_\_\_\_\_  
 This resolution is for:  
 New Account  
 \_\_\_\_\_  
 Change to Existing Acct. # \_\_\_\_\_

For OTFS Use Only:

\_\_\_\_\_ Acct Approved \_\_\_\_\_ Auth Entered.  
 \_\_\_\_\_ Audit \_\_\_\_\_ Wire Instructions  
 \_\_\_\_\_ Addr Entered \_\_\_\_\_ Wire Templates  
 Approval:  
 \_\_\_\_\_ AD1 \_\_\_\_\_ AD2  
 Res. form 2000A\_GEAP

**GEORGIA EXTENDED ASSET POOL**  
*(local government investment pool)*  
**RESOLUTION TO AUTHORIZE INVESTMENT**

*WHEREAS*, OCGA §§36-83-1 to 36-83-8 authorizes Georgia local governments and other authorized entities to invest funds through the local government investment pool;  
*WHEREAS*, the Georgia Extended Asset Pool is a local government investment pool;  
*WHEREAS*, from time to time it may be advantageous to the \_\_\_\_\_

\_\_\_\_\_, **Tax identification #:** \_\_\_\_\_ to deposit funds available for  
 (Name of Local Government, Political Subdivision or State Agency)  
 investment in the Georgia Extended Asset Pool (hereinafter referred to as **GEAP**) as it may deem appropriate;

*WHEREAS*, to provide for the safety of such funds deposited in **GEAP**, investments are restricted to those enumerated by OCGA § 50-5A-7 and Chapter 17 of Title 50 under the direction of the State Depository Board, considering first the probable safety of capital and then the probable income to be derived;

*WHEREAS*, such deposits must first be duly authorized by the governing body of the local government or authorized entity and a certified copy of the resolution authorizing such investment filed with the Treasurer of the Office of the State Treasurer (“OST”);

*WHEREAS*, such resolution must name the official(s) authorized to make deposits or withdrawals of funds in the local government investment pool;

*WHEREAS*, OCGA §36-83-8 requires a statement of the approximate cash flow requirements of the participating government pertaining to the funds to accompany the authorization to invest such funds at the time such deposits are duly authorized; and,

*WHEREAS*, **GEAP** is available to local governments and other public entities that have funds available for investment for a period of one (1) year or longer, maintain a minimum balance of \$1 million, comply with the minimum transaction size of \$25,000, and a one day notice is required for all transactions. **Provided, however, that the Treasurer of OST reserves the right to take up to seven business days to process a transaction if making payment with one day notice would adversely affect GEAP.**

**GEAP is managed as a variable net asset value (NAV) fund. As a result, the value of an investment in GEAP will fluctuate over time, and it is possible to lose money by investing in GEAP. Investments in GEAP are not guaranteed or insured by any bank, the FDIC, the State of Georgia, or any other government agency.**

*NOW, THEREFORE BE IT RESOLVED* by the \_\_\_\_\_  
 (Board, Council or other Governing Body)  
 that funds of the \_\_\_\_\_ may be deposited from time to time  
 (Local Government, Political Subdivision, or State Agency)  
 in the manner prescribed by law and the applicable policies and procedures for **GEAP**.

**BE IT FURTHER RESOLVED THAT:**

1. Any one of the following individuals shall be authorized to deposit and/or withdraw funds from **GEAP** on behalf of such government or other authorized entity (if a listed individual is employed by an entity other than the depositor, indicate employer):

_____	_____
Name, Title (Employer, if applicable)	(Area Code) Phone Number
Email: _____	
_____	
Email: _____	
_____	
Email: _____	
_____	
Email: _____	

**If additional space is needed, please include a separate signed and notarized page with this resolution.**

2. All withdrawals from **GEAP** shall be wired to the following participant's demand deposit account:

_____	_____
(Local Bank Name)	(Account Title)
_____	_____
(ABA number)	(Account Number)
	(City, State)

(If applicable) Our local bank prefers to receive credit for wire transfers at the following correspondent bank:

_____	_____	_____
(Bank Name)	(City)	(Account Number)

**If additional space is needed, please include a separate signed and notarized page with this resolution.**

3. **GEAP** shall mail the monthly statements of account to:

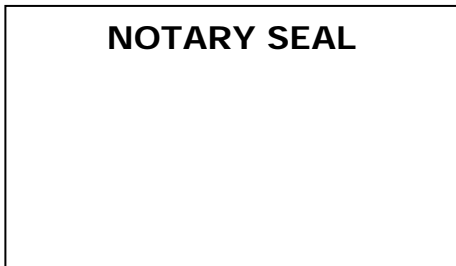
_____
(Attention)
_____
(Address)
_____
(Address)
_____
(City, State & Zip)

4. Changes in the above authorization shall be made by cancellation or replacement resolution delivered to the Office of the State Treasurer. Until such a replacement resolution is received by the Office of the State Treasurer, the above-authorized individuals, local government demand account instructions and statement-mailing address(es) shall remain in full force and effect.

5. The following schedule represents the period in which existing balances are currently expected to remain invested in **GEAP**:

- \_\_\_\_\_ % 1.0 to 1.5 years;
- \_\_\_\_\_ % more than 1.5 years but less than 2.0 years;
- \_\_\_\_\_ % 2.0 years or longer.
- 100 %

Entered at \_\_\_\_\_, Georgia this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.



_____
(Signature of Head of Governing Authority)
_____
(Please Print or Type - Head of Governing Authority)
_____
(Title)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

_____
(Notary Public)

Please complete and return the original signed and notarized form to:

<b>GEAP</b>	
Office of the State Treasurer	Telephone: (404) 656-2993
200 Piedmont Avenue	Toll Free: 1-800-222-6748
Suite 1204, West Tower	Fax: (404) 656-9048
Atlanta, GA 30334-5527	