GEORGIA FUND 1

(Local Government Investment Pool "LGIP")

Resolution to Authorize Investment and Designate Representatives

GF1 Acct# |_____|

Effective Date* |04/11/2025|

Bank 3:

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

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#: |_____|

Bank 4:

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)

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Correspondent Bank Name: |_____| Correspondent Bank ABA#: |_____|

Correspondent Bank City: |_____| Correspondent Bank Account#: |_____|