



GEORGIA FUND 1

(Local Government Investment Pool “LGIP”)

Resolution to Authorize Investment
and Designate Representatives

GF1 Acct# |

Effective Date*|04/11/2025 |

Bank 5:

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 6:

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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Bank ABA Number: | Bank Account Number: |

Addendum Information: |

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Correspondent Bank Name: | Correspondent Bank ABA#: |

Correspondent Bank City: | Correspondent Bank Account#: |

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