



GEORGIA FUND 1

(Local Government Investment Pool “LGIP”)

Resolution to Authorize Investment
and Designate Representatives

GF1 Acct# _____

Effective Date*04/11/2025

SIGNATURE OF HEAD OF GOVERNING AUTHORITY

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

Entered at _____, Georgia this _____ day of _____ 20____.

(Signature of Head of Governing Authority)

(Please Print or Type - Head of Governing Authority)

(Title)

Please select “Option A” **OR** “Option B”

Option A: Notary Certification

NOTARY SEAL

Notary Public Signature: _____

Notary Public Signature Date: _____

Commission Expiration Date: _____

Option B: OST Certification

Head of Governing Authority signatory attestation by OST Personnel:

OST Personnel Name: _____

OST Personnel Signature: _____

OST Personnel Signature Date: _____

MAILING INSTRUCTIONS

If completed manually, please complete and return a signed original to:

Georgia Fund 1
Office of the State Treasurer
200 Piedmont Avenue
Suite 1204, West Tower
Atlanta, GA 30334-5527

Telephone: (404) 656-2993
Toll Free: (800) 222-6748