

SOUTH CAROLINA LOCAL GOVERNMENT INVESTMENT POOL

APPLICATION FORM

Date: _____

Local Government Unit: _____

Suggested Account Title: _____

Mailing Address: _____

Telephone Number: _____ Tax I.D. Number _____

Employees authorized to make investment transactions with the Local Government Investment Pool on behalf of this Local Government body: ***2 signatures are required***

_____ (Name)	_____ (Signature)	_____ (Title)
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_____ (Name)	_____ (Signature)	_____ (Title)
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_____ (Name)	_____ (Signature)	_____ (Title)
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_____ (Name)	_____ (Signature)	_____ (Title)
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Designation of account to which withdrawals from the LGIP Pool may be forwarded:

<u>Bank Name</u>	<u>Routing Number (ABA)</u>	<u>Bank Account Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMAIL TO:
LOCAL GOVERNMENT INVESTMENT POOL
Sto.lgip@sto.sc.gov