

SOUTH CAROLINA LOCAL GOVERNMENT INVESTMENT POOL

Special Transaction Form

Check Deposits, Special Custodial Withdrawals and Closing Accounts

LOCAL GOVERNMENT UNIT: _____

TRANSACTION DATE: _____

FUNDS DEPOSITED INTO LGIP:

_____ CHECK _____ INTERNAL TRANSFER

DEPOSIT AMOUNT: _____

LGIP ACCOUNT #: _____

FROM (BANK NAME): _____

FUNDS WITHDRAWN FROM LGIP:

_____ WIRE/ACH _____ INTERNAL TRANSFER

WITHDRAWAL AMOUNT: _____

LGIP ACCOUNT # : _____

BANK NAME: _____

ROUTING ABA# : _____

BANK ACCOUNT # : _____

SPECIAL INSTRUCTIONS: _____

CLOSE ACCOUNT: _____ YES _____ NO

***Requires TWO signatures ***

Authorized Signature: _____ Print Name: _____ Date: _____

Authorized Signature: _____ Print Name: _____ Date: _____

Please Return To: SC State Treasurer's Office
Email: sto.lgip@sto.sc.gov
Contact: Michelle Blanchfield
803.734.0259