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FUNDS WITHDRAWN FROM LGIP: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: Courtney Hogue 803.734.2110

Revised 10/2/2019