### 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**FUNDS WITHDRAWN FROM LGIP:**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 *

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**Authorized Signature:**

**Print Name:**

**Date:**

**Authorized Signature:**

**Print Name:**

**Date:**

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Please Return To: SC State Treasurer’s Office

Email: sto.lgip@sto.sc.gov

Contact: Michelle Blanchfield

803.734.0259

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