

SOUTH CAROLINA INVESTMENT POOL IPAS USER FORM

LOCAL GOVERNMENT UNIT: _____

LGIP Account Number(s): _____

Phone number: _____

NEW AND CURRENT USERS:

Please enter in the column labeled N/C "N" for *new user* or "C" for *changing user info* then list the name of the employee(s), their email(s), and their access right(s) for your online LGIP accounts. We will notify all new users by email of their User ID and temporary password.

N/C	AUTHORIZED PERSON	EMAIL ADDRESS	DEPOSIT	WITHDRAW	INTERNAL TRANSFER	VIEW ONLY

DELETE USERS:

Please list any users you would like to deactivate from your online accounts

Please list any special instructions below:

Requires TWO signatures

AUTHORIZED SIGNATURE: _____ **Print Name:** _____ **Date:** _____

AUTHORIZED SIGNATURE: _____ **Print Name:** _____ **Date:** _____

Thank you for participating in the SC Local Government Investment Pool!

Revised IPAS form 10/2/2019