

**SOUTH CAROLINA LOCAL GOVERNMENT INVESTMENT POOL**

**APPLICATION FORM**

Local Government Unit \_\_\_\_\_

Suggested Account Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Tax I.D. Number \_\_\_\_\_

Local Government Treasurer:

\_\_\_\_\_  
(Name) (Signature) (Title)

Other employees authorized to make investment transactions with the Local Government Investment Pool on behalf of this body:

\_\_\_\_\_  
(Name) (Signature) (Title)

\_\_\_\_\_  
(Name) (Signature) (Title)

Designation of account to which withdrawals from the Pool may be forwarded:

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

**RETURN TO: TREASURER'S OFFICE  
LOCAL GOVERNMENT INVESTMENT POOL  
POST OFFICE BOX 11778  
COLUMBIA, SOUTH CAROLINA 29211**