

WITHDRAWAL WIRE TRANSFER INSTRUCTIONS:

I hereby authorize the Commonwealth of Virginia LGIP to act upon instructions received by telephone from an authorized caller to pay amounts representing redemptions from my LGIP account(s) and wire funds to the bank account(s) designated below.

You must include a voided check or preprinted deposit slip.

1. Name of Bank _____ Bank Telephone Number _____
 ABA # _____ Account Number _____
 Account Name _____
 Bank Address _____

Tape your voided check or preprinted deposit slip here.

Any Locality	654
123 Any Street	
Anywhere, VA 45678	
PAY TO THE ORDER OF	
_____	\$ _____
_____	DOLLARS
MEMO _____	
<input type="text" value="123456789"/>	<input type="text" value="123456789876543"/> 654

2. Name of Bank _____ Bank Telephone Number _____
 ABA # _____ Account Number _____
 Account Name _____
 Bank Address _____

Tape your voided check or preprinted deposit slip here.

Any Locality	654
123 Any Street	
Anywhere, VA 45678	
PAY TO THE ORDER OF	
_____	\$ _____
_____	DOLLARS
MEMO _____	
<input type="text" value="123456789"/>	<input type="text" value="123456789876543"/> 654

3. Name of Bank _____ Bank Telephone Number _____
ABA # _____ Account Number _____
Account Name _____
Bank Address _____

Tape your voided check or preprinted deposit slip here.

Any Locality	654
123 Any Street	
Anywhere, VA 45678	
PAY TO THE ORDER OF	
_____	\$ _____
_____	DOLLARS
MEMO	
<input type="text" value="123456789"/>	<input type="text" value="123456789876543"/>
	654

Signature of Primary Authorized Public Official

- The undersigned represents and warrants that he/she has the full power and authority to invest in the LGIP and to make investments on behalf of the above named public entity.
- I hereby request that the LGIP establish an account or accounts for the investment and reinvestment of the public entity's funds in accordance with the LGIP Investment Circular and agree to be bound by the terms as may be supplemented and amended.
- I hereby authorize the LGIP to act on instructions received from those authorized in this application.
- The undersigned agrees that the certifications, instructions and authorizations contained in this application will remain in effect until the LGIP receives written notification of change.

Signature of Primary Authorized Public Official

Date

Print Name and Title