

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:

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