



INFORMATION CHANGE FORM

STATE OF TENNESSEE LOCAL GOVERNMENT INVESTMENT POOL

Complete appropriate sections of form. Put N/A for sections that are not applicable to your change. Send to: Local Government Investment Pool, P.O. Box 198785, Nashville, TN 37219-0505.

1. LGIP Participant and Account #: _____
2. LGIP Entity Name: _____ 3. Contact Person: _____
4. Phone #: _____ 5. Fax #: _____ 6. Date: _____

MEMBERSHIP DATA

	<u>Current</u>	<u>Change To</u>
7. Entity Name:	_____	_____
8. Account Name:	_____	_____
9. Address:	_____	_____
10. Phone #:	_____	_____
11. FAX #:	_____	_____

PERSONS TO CONDUCT LGIP TRANSACTIONS

	<u>(Typed/Printed) Name</u>	<u>Signature</u>	<u>Title</u>
12. Add:	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____

	<u>(Typed/Printed) Name</u>	<u>Title</u>
15. Delete:	_____	_____
16.	_____	_____
17.	_____	_____

BANK INFORMATION *(Attach deposit slip for each added bank account.)*

	<u>Bank Name and Address</u>	<u>Account # and Bank T/R#</u>	<u>Name of Bank Account</u>
18. Add:	_____	_____	_____

19.	_____	_____	_____

20.	_____	_____	_____

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	<u>Bank Name and Address</u>	<u>Account # and Bank T/R#</u>	<u>Name of Bank Account</u>
21. Delete:	_____	_____	_____

22.	_____	_____	_____

23.	_____	_____	_____

AUTHORIZED OFFICER(S)

The following individuals are now the authorized financial officer(s) charged with the custody of the funds to participate in the LGIP:

	<u>(Typed/Printed) Name</u>	<u>Signature</u>	<u>Title</u>
24.	_____	_____	_____
25.	_____	_____	_____

NOTARIZATION

26. BY: _____
Authorized Officer

27. _____
Typed/Printed Name

28. _____
Title

29. STATE OF TENNESSEE, COUNTY OF _____

Sworn and subscribed to me on this the _____ day of _____, _____.

Date My Commission Expires

Notary Public Signature

SEAL

INFORMATION CHANGE FORM INSTRUCTIONS

Return this change form to LGIP Office, P.O. Box190505, Nashville, TN 37219-8785. Please keep a copy for your records. Complete the blank lines on the change form as follows:

1. LGIP Participant and Account Number are the numbers that were assigned to you for LGIP transactions. The participant number is a six digit number. If needed, please also include the sub-account number you wish to change as well (Ex. 555555 - 10). If all accounts are to reflect the changes, you may list them individually or state "all" accounts (Ex. 555555 - 1,2,3,4, and 10 OR 555555 - ALL).
2. LGIP Entity Name is the name of your governmental entity (local government or political subdivision).
3. The contact person is the person responsible for the day-to-day responsibilities concerning the LGIP account.
4. Phone number is the number at which LGIP can contact you if needed. Please include area code as well.
5. Fax number is the number to which LGIP may fax correspondence to you if needed. Please include area code as well.
6. Date is the current date on which the form is completed.

For items 7 through 11, please provide the old data for reference as well as the new data you want to authorize.

7. Entity Name is the name of your local government or political subdivision.
8. Account Name is the name under which the governmental entity wishes the LGIP to carry its account.
9. Address is the mailing address where you want your LGIP correspondence directed. Please include street or post office box number, city, state, and zip code.
10. Phone Number is the telephone number where a person authorized by your governmental entity to perform LGIP transactions can be reached.
11. FAX Number is the telephone number of a facsimile copy machine that is convenient to your governmental entity personnel authorized to do business with LGIP. Insert "N/A" if this does not apply to you.

For items 12 through 23, please indicate only the information that you want added and/or deleted.

12. Persons who will conduct LGIP transactions may be added by inserting their typed/printed name, and affixing an original signature and current job title on the indicated blanks on items 11 through 13.
15. Persons who will conduct LGIP transactions may be removed by inserting their typed/printed name(s) and job title(s) on lines 14 through 16.
18. If you wish to add a bank account to be authorized to receive funds from your LGIP account, insert the bank name, address, account number and transit routing number, and name of account. (Name of account if the name under which this bank account is held.) Attach a bank account deposit form for each account you wish to add.
21. To remove a bank account from the list of bank accounts authorized to receive funds from your LGIP account, provide the bank name, address, account number and bank transit routing number, and name of account.

Please provide all data requested in items 24 through 29.

24. Authorized Officers are those individuals or officers charged by the governing body of your county or political subdivision with custody of the funds associated with this LGIP account. Please provide the typed or printed name, original signature and title of those individuals who are charged with the responsibility of the funds source to this LGIP account.
26. Authorized Officer is the individual who is responsible for these funds and responsible for designating how transactions will be authorized. Please provide an original signature.
27. Please type or print the name of the individual whose signature appears on line 25.
28. Please provide the title of the individual who signed on line 25.
29. The notary statement, signature and seal is to be completed by a Tennessee notary. Please provide notarization of all change forms.

Any questions about this change form may be addressed to the LGIP staff at (615) 532-1163.