

Account # _____

Mail to: STAR Ohio
PO Box 7177
Dublin, OH 43017

Fax to: 614-923-1149

FOR OFFICE USE ONLY

A-Code _____

Federal ID# _____

STAR Ohio Authorized Signers Certification

Effective Date: _____

NOTE. RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS. THIS DOCUMENT IS IN FULL FORCE AND EFFECT UNTIL ANOTHER DULY EXECUTED FORM IS RECEIVED BY PUBLIC FUNDS ADMINISTRATORS

The following named persons are currently officers or other authorized signatories of the participant, and any one of them ("Authorized Person(s)") is/are currently authorized to act with full power to invest or redeem investments in STAR Ohio for the participant and to execute and deliver any instrument necessary to effectuate the authority hereby conferred:

Name (printed)	Signature	Title	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Service Providers may, without inquiry, act only upon the instruction of ANY PERSON(S) purporting to be (an) Authorized Person(s) as named in the Certification form last received by Service Providers. Service Providers shall not be liable for any claims expenses (including legal fees), or losses resulting from Service Providers having acted upon any instruction reasonably believed genuine.

By signing this document, I understand that this is the current and most up-to-date list of all authorized signers. This form will replace any previous documentation received regarding authorized signers.

Name of Participant Subdivision and Title of Account: _____

The above referenced "Authorized Persons" subscribed and sworn their affiliation with named subdivision before me on this _____ day of _____, 20__ in the county of _____ State of Ohio.

(Seal)

Notary Public: _____

My commission expires: _____

Name of Certifying Officer of Subdivision

Signature

Title:

Address:

Email Address: