

Account # _____

Mail to: STAR Ohio
C/O Carnegie Capital Partners LLC
1228 Euclid Ave., Ste. 1100
Cleveland, OH 44115-1831

FOR OFFICE USE ONLY

A-Code _____
Password _____
O-Code _____

Federal ID # _____

**STAR Ohio
HUNTINGTON NATIONAL BANK
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 HUNTINGTON NATIONAL BANK

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 for the participant and to execute and deliver any instrument necessary to effectuate the authority hereby conferred:

Name	Title	Telephone Number	Specimen Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Huntington National Bank (Bank) 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 Bank. Bank and STAR shall not be liable for any claims expenses (including legal fees), or losses resulting from Bank having acted upon any instruction reasonably believed genuine.

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:

E-mail Address: