

# STAR Ohio Authorized Signers Certification

Account # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Effective Date: \_\_\_\_\_

Federal ID# \_\_\_\_\_

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.

**Online access.** STAR Ohio offers online access to your account. Please provide the following information. Users that require online access will receive an email with a secure password and instructions on logging in to your account. Username is first initial, last name in all capital letters.

_____	_____	<input type="checkbox"/> Full Access <input type="checkbox"/> View Only
Name (printed)	Email	
_____	_____	<input type="checkbox"/> Full Access <input type="checkbox"/> View Only
Name (printed)	Email	
_____	_____	<input type="checkbox"/> Full Access <input type="checkbox"/> View Only
Name (printed)	Email	
_____	_____	<input type="checkbox"/> Full Access <input type="checkbox"/> View Only
Name (printed)	Email	

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.

\_\_\_\_\_  
 Name of Certifying Officer of Subdivision  
 \_\_\_\_\_  
 Signature  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

(Seal)

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**NOTE.** Retain a copy of this document for your records. The document is in full force and effect until another duly executed form is received by Public Funds Administrators.

**Mail to:** STAR Ohio **Fax to:** 614-923-1149  
 PO Box 7177  
 Dublin, OH 43017