

# STAR Ohio Authorized Signers Certification

Account #

Federal ID#

## Effective Date:

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)	Email	Title	Telephone Number
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Name (printed)	Email	Title	Telephone Number
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Name (printed)	Email	Title	Telephone Number
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Name (printed)	Email	Title	Telephone Number
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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.

Please provide the following information to obtain online access to your STAR Ohio account. Users that require online access will receive a separate email with a secure password and instructions on logging in to your account. (Please note: Only authorized signers can have Full Access to accounts. Non-signers may be granted View Only online access.)

Name (printed)	Email	Full Access View Only
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Name (printed)	Email	Full Access View Only
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Name (printed)	Email	Full Access View Only
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Name (printed)	Email	Full Access View Only
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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 for STAR Ohio.

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:

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.

Name of Certifying Officer of Subdivision:

Signature:

Title:

Address:

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

Fax to: 614-923-1149

Email to: [info@STAROhio.com](mailto:info@STAROhio.com)