

STAR 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 and/or STAR Plus 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 and STAR Plus offer online access to your accounts. Users that require online access will receive separate emails with a secure password and instructions on logging in to your accounts. The STAR Ohio username is first initial, last name in all capital letters. The STAR Plus username is the email address provided for each user below. (Please note: Only authorized signers can have Full Access to online accounts) Please provide the following information to obtain online access to your STAR Ohio and STAR Plus accounts.

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

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 both STAR Ohio and STAR Plus. If your STAR Ohio and STAR Plus accounts should have different signers, contact Client Services at 800-648-7827.

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: _____

(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
 PO Box 7177
 Dublin, OH 43017
Fax to: 614-923-1149