



Alternate Withdrawal Request

Participant Information

Name of Participant _____ Number _____

Lone Star Investment Pool Fund _____

Lone Star Investment Pool Account Name _____

Lone Star Investment Pool Account Number _____

Alternate Bank Information

Bank Name _____

Bank ABA _____

Account Name _____

Account Number _____

Withdrawal Information

Amount of Transfer _____

Effective Date _____

Alternate Withdrawal Authorization

Participant hereby authorizes the Lone Star Investment Pool, Administrator (First Public) and Custodian (Bank of New York Mellon) to honor this Alternate Withdrawal Request. Money will be transferred to the above Alternate Account. Upon such notification, the above Alternate Account will be credited. Two signatures are required to set up a withdrawal to an account at a bank other than your depository bank.

Printed Name of Authorized Representative _____

Signature of Authorized Representative _____ Date _____

Printed Name of Authorized Representative _____

Signature of Authorized Representative _____ Date _____

Notice: This form is valid only for the date stated above. Fax this completed form to 512.452.7842.