

Lone Star Investment Pool

Same day transfer authorization form
District to District Transfer Form—Multiple Dates

The following amount is to be transferred from:

Participant Name: _____
 Participant Number: _____
 Fund Name: _____
 Account Name: _____

Amount of Withdrawal: _____	Settlement Date: _____
Amount of Withdrawal: _____	Settlement Date: _____
Amount of Withdrawal: _____	Settlement Date: _____
Amount of Withdrawal: _____	Settlement Date: _____
Amount of Withdrawal: _____	Settlement Date: _____
Amount of Withdrawal: _____	Settlement Date: _____
Amount of Withdrawal: _____	Settlement Date: _____

The Authorized Representatives listed below hereby authorize the Lone Star Investment Pool, its Administrator, and Custodian Bank to honor the above withdrawal requests.

Two signatures by Authorized Representatives required.

 Authorized Representative

 Authorized Representative

 Signature

 Date

 Signature

 Date

The above Withdrawal Amount is to be transferred to:

Participant Name: _____
 Participant Number: _____
 Fund Name: _____
 Account Name: _____

This fax authorization request must be faxed to 512.452.7842 by 1 p.m. any banking day for funds to be transferred that day.

If you have any questions call the Lone Star Investment Pool at 800.758.3927 for assistance.