



Lone Star Investment Pool

Same day transfer authorization form

Alternate Withdrawal 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:

Bank Name: _____

ABA Number: _____

Account Number: _____

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.