



DESIGNATION OF AUTHORIZED PERSONS

Questions? Call 1-800-572-1472

Instructions: Complete this form to designate authorized persons. For the accounts listed below, this form replaces all authorized persons previously on file, so all authorized persons must be listed and sign this form.

Investor Name: Warren County School District

Investor TIN #: [REDACTED]

Please list the account number(s) or account title(s) that this form applies to:

- | | | | |
|--------------------------------|-----------|-----------|-----------|
| 1. 2011QZABS, SERIES D OF 2011 | 6. _____ | 11. _____ | 16. _____ |
| 2. G.O.B. 2013 9.7M | 7. _____ | 12. _____ | 17. _____ |
| 3. SECOND QZAB BES | 8. _____ | 13. _____ | 18. _____ |
| 4. GENERAL FUND | 9. _____ | 14. _____ | 19. _____ |
| 5. G.O.B 2014 9.98M | 10. _____ | 15. _____ | 20. _____ |

AUTHORIZED PERSONS: Please list all authorized persons in this section. An individual must be listed in this section in order to be authorized.

James Grosch

Print Name

X

Signature

groschj@wcsdpa.org

Email Address

(814) 723-6900

Phone Number

This authorized person may do the following:

- ☒ OPEN AND CLOSE ACCOUNTS.
☒ INITIATE THE PURCHASE AND REDEMPTION OF SHARES BY PHONE/FAX.
☒ CHANGE BANKING INSTRUCTIONS AND OTHER ACCOUNT INFORMATION.
☐ DESIGNATE OTHER AUTHORIZED PERSONS.

Norbert Kennerknecht

Print Name

X

Signature

kennerknecht@wcsdpa.org

Email Address

(814) 723-6900

Phone Number

This authorized person may do the following:

- ☒ OPEN AND CLOSE ACCOUNTS.
☒ INITIATE THE PURCHASE AND REDEMPTION OF SHARES BY PHONE/FAX.
☒ CHANGE BANKING INSTRUCTIONS AND OTHER ACCOUNT INFORMATION.
☐ DESIGNATE OTHER AUTHORIZED PERSONS.

Print Name

X

Signature

Email Address

Phone Number

This authorized person may do the following:

- ☐ OPEN AND CLOSE ACCOUNTS.
☐ INITIATE THE PURCHASE AND REDEMPTION OF SHARES BY PHONE/FAX.
☐ CHANGE BANKING INSTRUCTIONS AND OTHER ACCOUNT INFORMATION.
☐ DESIGNATE OTHER AUTHORIZED PERSONS.

Print Name

X

Signature

Email Address

Phone Number

This authorized person may do the following:

- ☐ OPEN AND CLOSE ACCOUNTS.
☐ INITIATE THE PURCHASE AND REDEMPTION OF SHARES BY PHONE/FAX.
☐ CHANGE BANKING INSTRUCTIONS AND OTHER ACCOUNT INFORMATION.
☐ DESIGNATE OTHER AUTHORIZED PERSONS.

CERTIFICATION: The person who signs this section verifies the information listed above and designates the individuals listed above as authorized persons.

This section must be signed by either:

- (for existing accounts) a person who is currently an authorized person as per Trust records, OR
- an individual who is appointed to an authorized position. Please include documentation (board minutes, resolution, fiduciary agreement, officer's certificate, Schedule C, etc.) evidencing appointment of this person to the authorized position.

X

Authorized Signature

Date

Donna Zariczny, President

(814) 723-6900

Print Name of Authorized Signatory

Phone Number

Any document received by email will not be accepted. Please send by fax or mail through the postal system.

FAX TO: PLGIT Investor Support Services
1-888-535-0120

MAIL TO: PLGIT Investor Support Services
P.O. Box 11760
Harrisburg, PA 17108-1760

TRUST USE ONLY		
V2012.02	DATE	INITIALS
Processed		
Confirmed		