

LGIP Participant Account Maintenance Form

(One form must be completed for each agency account.)

1) Account Information:☐ New Account ☒ Change Existing Acct (please check one)Agency Account #: XXXXXXXXXXParticipant Name: Hernando County School Board

Account Name: _____

2) Contact Information:Address: 919 North Broad StCity/State/Zip: Brooksville, FL 34601Phone: 352-797-7004Fax: 352-797-7104**Banking Information:****3) Bank WIRING Instructions:**☐ Check if ChangeBeneficiary Bank Name: Truist BankABA/Routing Number: 061000104

Bank Address: _____

Account Number: XXXXXXXXXX****Complete this section below ONLY if your bank is not on-line with the Federal Reserve and utilizes a correspondent bank for wires****

Receiving Bank Name: _____ (Fed Bank)

ABA/Routing Number: _____

(Fed Bank)

Bank Address: _____

Beneficiary Information: _____

Beneficiary Account: _____

4) Bank ACH Instructions: (Complete if plan to utilize ACH option)☐ Check if Change

Beneficiary Bank Name: _____

ABA/Routing Number: _____

Bank Address: _____

Account Number: _____

5) Name of ALL Persons Authorized to Transmit/Withdraw Funds:

NAME

EMAIL ADDRESS (required field)

Check if email
changedJoyce McIntyremcintyre_j@hcsb.k12.fl.us**6) Name of ALL With 'View Only' Website Privilege: (full access to website but may NOT conduct business)**

NAME

EMAIL ADDRESS (required field)

Check if email
changedJulie Hansenhansen_j@hcsb.k12.fl.us**7) Name, Title, Email and Signature of Persons Authorized to Notify the SBA of Changes in Account Information:**Name: Linda PrescottTitle: ChairpersonEmail: prescott_l@hcsb.k12.fl.us

Signature: _____

Name: Ray PinderTitle: Interim SuperintendentEmail: pinder_r@hcsb.k12.fl.us

Signature: _____

Name: _____

Title: _____

Email: _____

Signature: _____

8) Number of Authorizing Signatures Required to Change Account Information.

Please select _____

☒ One☐ Two**PLEASE NOTARIZE FORM AND RETURN THE ORIGINAL TO BE PROCESSED**

9) This section MUST be signed by an Official authorized in the Resolution OR listed on the previously submitted Participant Account Maintenance Form as Authorized to Notify the SBA of Changes in Account Information

10) STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is/are personally known to me or who has produced _____ as identification and who did/did not take an oath.

*(circle one)

(SEAL)

Notary Public State of Florida

My Commission expires: _____

Authorized signers must complete the Disclosure Statement on page 2 (required by FS 218.407(1))**FOR STATE BOARD OF ADMINISTRATION USE ONLY**

Initial input _____ Date _____
Mgt review & approval _____ Date _____

Form update 7/14/2015

Page 1 of 2



Disclosure Statement
For Participation in the Local Government Surplus Funds Trust Fund (Florida PRIME)

This Disclosure Statement (the "Statement") is made and entered into by and between the State Board of Administration of Florida (the "SBA") and Hernando County School Board (the "Participant").

WHEREAS, Chapter 218.405, Florida Statutes, creates a public funds investment pool to which any local government of the State of Florida may delegate, by Authorizing Resolution, the authority to hold legal title as custodian and to make investments purchased with local surplus funds;

WHEREAS, the SBA is authorized pursuant to Chapter 218.409, Florida Statutes to receive, transfer, and disburse surplus money and securities belonging to "units of local governments" of the state (as defined herein);

WHEREAS, the Local Government Surplus Funds Trust Fund (Florida PRIME) is a public funds investment pool, which funds are invested in certain eligible investments as more fully described in the enrollment materials;

WHEREAS, the SBA is authorized pursuant to Section 215.44, Florida Statutes to invest the funds of state agencies, state universities and colleges and direct support organizations of any of the foregoing in Florida PRIME;

WHEREAS, the Participant has determined that it is authorized to invest in Florida PRIME created under the Florida Statutes and has adopted the required Authorizing Resolution to permit the SBA to invest and reinvest funds of the Participant in Florida PRIME;

WHEREAS, the Participant acknowledges that the SBA is not responsible for independently verifying the Participant's authority to invest under the statutes;

WHEREAS, the Participant acknowledges that the performance of Florida PRIME is not guaranteed by the State of Florida, the SBA or any other governmental entities; and

NOW THEREFORE, for and in consideration of the mutual promises, covenants and agreements herein contained, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree with each other as follows:

The Disclosure Statement. The Participant must execute this Disclosure Statement, an Authorizing Resolution and a completed Participant Account Maintenance Form designating person(s) to serve as Authorized Representatives of the Participant before depositing any funds into Florida PRIME.

Acknowledgement of Disclosure. The following signatory is a duly appointed, acting, and qualified officer of the Participant, who, in the capacity set forth above is authorized to execute this Statement. Further the Participant hereby acknowledges receipt and review of these enrollment materials which includes the New Participant Enrollment Guide, Authorizing Resolution, this Disclosure Statement, Florida PRIME Investment Policy Statement, applicable Rules, and other historical financial information also posted on the Florida PRIME website. At the SBA's discretion, modifications to these documents may be posted on the Florida PRIME website. The Participant will have up to 45 days to withdraw their funds from the Florida PRIME or the modifications will be deemed accepted by the Participant.

Hernando County School Board

PARTICIPANT NAME: _____

DATE: _____

Chairperson

SIGNATURE: _____

TITLE: _____

Linda Prescott

prescott_l@hcsb.k12.fl.us

PRINTED NAME: _____

EMAIL: _____