WEST VIRGINIA INVESTMENT MANAGEMENT BOARD

500 Virginia Street, East, Suite 200 · Charleston, WV 25301
Phone: 304-345-2672 · Fax: 304-345-2778

AUTHORIZED SIGNATURES

I, _____, hereby certify that I have the authority to direct the West Virginia Investment Management Board in establishing account authorizations for the participant plan(s) named below. Accordingly, I certify that each of the following individuals is hereby authorized to perform the functions specifically indicated in column three (Authorized Activities), of the following table for each of the participant plans listed.

Participant Plan(s) Name: (*please add as many as needed)*

(1) _____

(2) _____

Authorized Activities:

(A) Opening and Closing the Participant Plan Account
(B) Investment Subscriptions
(C) Investment Redemptions
(D) Website Access to Account Statements

Name and Title of Authorized Individual	Email and Phone Number	Authorized Activities	Specimen Signature

This authorized signatures form supersedes all prior certifications and shall remain in effect until West Virginia Investment Management Board is notified in writing to the contrary.

AUTHORIZATION

_____ Print Name & Title

_____ Date

_____ Authorized Signature

_____ Email