City of Ocala General Employees Retirement System

(Plan Name)

Signature Authorization

AUTHORIZATION: The following are the names and specimen signatures of the individuals authorized to execute and direct the Service Provider or Investment Manager.

The Service Provider or Investment Manager may rely on the following individuals for all direction until notified in writing otherwise:

NAME	SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I, _____, as Secretary of the Board of Trustees, certify that the above individuals are authorized to direct the Service Provider or Investment Manager under the terms of the current agreement with the Fund. The Service Provider or Investment Manager should take direction from any two (2) Trustees or the Plan Administrator.

Dated this _____ day of _____, 202__.

_____

_____, Secretary