

SINKING FUND ACCOUNT DEPOSIT REQUEST

E-Mail: kurt.marson@regions.com

To: Regions Bank
Attn: Kurt Marson, SVP, CCTS
1180 West Peachtree Street, Suite 1200
Atlanta, Georgia 30309

From: _____

The above-referenced school district (the "School District") has heretofore received a disbursement from the Disbursement Account (as such term is defined in the Trust Agreement dated as of September 1, 2021 (the "Trust Agreement"), between South Carolina Association of Governmental Organizations and Regions Bank, as trustee (the "Trustee") established for the benefit of the School District. The undersigned authorized representative of the School District does hereby execute and deliver this Request to direct the Trustee to deposit \$_____ [previously][currently] delivered to the Trustee into the Sinking Fund Account (as such term is defined in the Trust Agreement) established for the benefit of the School District.

By: _____
Its: _____

The Trustee hereby acknowledges receipt of the above-mentioned funds and agrees to deposit them in accordance with the above-mentioned instructions.

REGIONS BANK, as Trustee

By: _____
Its: _____