

Resolution Amending Authorized Representatives

Please use this form to amend or designate Authorized Representatives.

This document supersedes all prior Authorized Representative forms.

* Required Fields	
1. Resolution	
WHEREAS,	
Participant Name* Location Number*	
("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds investment pool the authorate and to act as custodian of investments purchased with local investment funds; and	ority to invest funds
WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safe liquidity, and yield consistent with the Public Funds Investment Act; and	ty of principal,
WHEREAS, the Texas Local Government Investment Pool ("TexPool/ Texpool Prime"), a public funds investment pool, were created entities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Investment Act.	
NOW THEREFORE, be it resolved as follows:	
A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are authorized to transmit funds for investment in TexPool / TexPool Prime and are each further authorized to withdraw funds for to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local fund	om time to time,
B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by two remaining Authorized Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access TexPool / TexPool Prime account or (2) is no longer employed by the Participant; and	
C. That the Participant may by Amending Resolution signed by the Participant add an Authorized Representative provided the Authorized Representative is an officer, employee, or agent of the Participant;	additional
List the Authorized Representative(s) of the Participant. Any new individuals will be issued personal identification numbers to transate TexPool Participant Services.	ct business with
,	
Name	
Title	ı
Phone/Fax/Email	
Signature	
2.	
Name	
Title I	I
L Phone/Fax/Email	
	I

Signature

1. R	esolution (continued)			
3.				I
٥.	Name			_
	Title			_
	Phone/Fax/Email			
	Signature			
				I
4.	L Name			_
				I
	L Title			_
	 			I
	L Phone/Fax/Email			_
	 			I
	L Signature			_
_ist t	he name of the Authorized Representative listed above that will h	have p	rimary responsibility for performing transactions and receiv	ing confirmations
and	monthly statements under the Participation Agreement.			
Name	3			
	dition and at the option of the Participant, one additional Authoriz			
	mation. This limited representative cannot perform transactions. In plete the following information.	If the P	articipant desires to designate a representative with inquir	y rights only,
JUITI	nete the following information.			
Name	•		1	
Title			1	
	5.5.1			
hon	e/Fax/Email			
D	. That this Resolution and its authorization shall continue in full f	force a	nd effect until amended or revoked by the Participant, and	until TexPool
	Participant Services receives a copy of any such amendment of			by the Participant
	at its regular/special meeting held on theday		, 20	
Note	: Document is to be signed by your Board President, Mayor	or Co	unty Judge and attested by your Board Secretary, City	Secretary or
Cou	nty Clerk.			
Name	of Participant*		<u></u>	
SIGN	IED		ATTEST	
			ı	
Signa	ture*		Signature*	
Printe	d Name*		Printed Name*	
Title*			Title*	
2 M	ailing Instructions			

The completed Resolution Amending Authorized Representatives can be faxed to TexPool Participant Services at 1-866-839-3291, and mailed to:

TexPool Participant Services 1001 Texas Avenue, Suite 1400

Houston, TX 77002

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX-REP

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