

Resolution Amending Authorized Representatives

Please complete this form to amend or designate Authorized Representatives. This document supersedes all prior Authorized Representative forms.

* Required Fields

1. Resolution

WHEREAS,

Partici	pant Name*	Location Number*
	ticipant ") is a local government of the State of Texas and is empowered to delected est funds and to act as custodian of investments purchased with local investments.	
	REAS , it is in the best interest of the Participant to invest local funds in investment pal, liquidity, and yield consistent with the Public Funds Investment Act; and	nts that provide for the preservation and safety of
behal	REAS , the Texas Local Government Investment Pool (" TexPool / Texpool Prime f of entities whose investment objective in order of priority are preservation and he Public Funds Investment Act.	
NOW	THEREFORE, be it resolved as follows:	
A.	That the individuals, whose signatures appear in this Resolution, are Authorized hereby authorized to transmit funds for investment in TexPool / TexPool Prime a from time to time, to issue letters of instruction, and to take all other actions de of local funds.	and are each further authorized to withdraw funds
В.	That an Authorized Representative of the Participant may be deleted by a writte Representatives provided that the deleted Authorized Representative (1) is assignant's TexPool / TexPool Prime account or (2) is no longer employed by the	gned job duties that no longer require access to the
C.	That the Participant may by Amending Resolution signed by the Participant addadditional Authorized Representative is an officer, employee, or agent of the Pa	d an Authorized Representative provided the articipant;
List th	e Authorized Representative(s) of the Participant. Any new individuals will be iss ess with TexPool Participant Services.	sued personal identification numbers to transact
1.		
	Name Title	1
	Dhana Fau	il
	Phone Fax Er	mail I
	Signature	
	I I I	
2.	Ni	
	Name Title	1
	Phone Fax Er	 mail
	Signature	
		1
3.	Name Title	
		1
	Phone Fax Er	mail
	Signature	

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4.			
Name Title			
Phone Fax Email			
Signature			
List the name of the Authorized Representative listed above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.			
Name			
In addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information. This limited representative cannot perform transactions. If the Participant desires to designate a representative with inquiry rights only, complete the following information.			
Name Title			
Name Title			
D. That this Resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool Participant Services receives a copy of any such amendment or revocation. This Resolution is hereby introduced and adopted by the Participant at its regular/special meeting held on the day of , 2 0 .			
Note: Document is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, Secretary or County Clerk.	City		
Name of Participant*			
SIGNED ATTEST			
Signature* Signature*	_		
Printed Name* Printed Name*			
Title* Title*			

2. Mailing 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 1150 Houston, TX 77002

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX-REP

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