

Resolution Amending Authorized Representatives

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

* Required Fields

Signature

1. Resolution

WHEREAS,

City	of Pflugerville			7 8 2 8 1
Partici	oant Name*			Location Number*
(" Par to inv	cicipant") is a local government of the State of est funds and to act as custodian of investment	Texas and is empowered to dets purchased with local investor	elegate to a p nent funds; ar	public funds investment pool the authority and
WHE princi	REAS , it is in the best interest of the Participant pal, liquidity, and yield consistent with the Publ	t to invest local funds in invest lic Funds Investment Act; and	ments that pr	ovide for the preservation and safety of
behal	REAS, the Texas Local Government Investment f of entities whose investment objective in orde he Public Funds Investment Act.	t Pool (" TexPool / Texpool Pri er of priority are preservation a	me"), a publi and safety of p	c funds investment pool, were created on orincipal, liquidity, and yield consistent
NOW	THEREFORE, be it resolved as follows:			
A.	That the individuals, whose signatures appear hereby authorized to transmit funds for investr from time to time, to issue letters of instruction of local funds.	ment in TexPool / TexPool Prim	ne and are ead	ch further authorized to withdraw funds
В.	That an Authorized Representative of the Parti Representatives provided that the deleted Aut Participant's TexPool / TexPool Prime account	thorized Representative (1) is a	assigned job o	duties that no longer require access to the
C.	That the Participant may by Amending Resolu additional Authorized Representative is an offi			orized Representative provided the
	e Authorized Representative(s) of the Participa ess with TexPool Participant Services.	nt. Any new individuals will be	e issued perso	nal identification numbers to transact
1.	Marvin H Fletcher III	Assistant	City Manag	er
	Name	Title		
	5 1 2 9 9 0 6 1 0 3 5 1	2 9 9 0 4 3 6 4	treyf@pflu	gervilletx.gov
	Phone Fax		Email	
	Signature			
2.	Lauren Henkes	Assistant	Finance Dir	ector
۷.	Name	Title		
	5 1 2 9 9 0 6 1 3 7 5 1	2 2 5 1 5 7 6 8	laurenh@r	pflugervilletx.gov
	Phone Fax		Email	
	Signature			
_	1	1 1		
3.	Name	 Title		
				I
	Phone Fax		L Email	

Form Continues on Next Page 1 of 2

1. Resolution (continued)	
T. Resolution (continued)	
4.	
Name	Title
Phone Fax	Email
Signature	
ist the name of the Authorized Representative listed above that confirmations and monthly statements under the Participation A	will have primary responsibility for performing transactions and receiving greement.
Lauren Henkes	
Name	
	authorized Representative can be designated to perform only inquiry of a transactions. If the Participant desires to designate a representative with
Julissa Arias	Accountant
Name	Title
5 1 2 9 9 0 6 1 4 7	7 6 8 julissaa@pflugervilletx.gov
Phone Fax	Email
	full force and effect until amended or revoked by the Participant, and uch amendment or revocation. This Resolution is hereby introduced and eld on the $ \mid 2 \mid 5 \mid$ day of August $ \mid $, $ \mid 2 \mid 0 \mid 2 \mid 0 \mid $.
Note: Document is to be signed by your Board President, Ma Secretary or County Clerk.	ayor or County Judge and attested by your Board Secretary, City
City of Pflugerville	
Name of Participant*	
SIGNED	ATTEST
ignature*	Signature*
/ictor Gonzales	Karen Thompson
rinted Name*	Printed Name*
Mayor	City Secretary
ïtle*	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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