

Phone

Signature

Resolution Amending Authorized Representatives

Please use this form to amend or designate Authorized Representatives.

This document supersedes all prior Authorized Representative forms.

| * Requ | uired Fields | | | |
|----------|---|--|--|--|
| 1. Re | solution | | | |
| WHEF | REAS, | | | |
| | | | | |
| Particip | ant Name* | Location Number* | | |
| • | cipant") is a local government of the State of Texas and is empowered act as custodian of investments purchased with local investment fund | to delegate to a public funds investment pool the authority to invest funds ds; and | | |
| | REAS, it is in the best interest of the Participant to invest local funds in y, and yield consistent with the Public Funds Investment Act; and | investments that provide for the preservation and safety of principal, | | |
| entitie | REAS, the Texas Local Government Investment Pool ("TexPool/ Texpos whose investment objective in order of priority are preservation and ment Act. | ol Prime"), a public funds investment pool, were created on behalf of safety of principal, liquidity, and yield consistent with the Public Funds | | |
| NOW | THEREFORE, be it resolved as follows: | | | |
| A. | That the individuals, whose signatures appear in this Resolution, are authorized to transmit funds for investment in TexPool / TexPool Printo issue letters of instruction, and to take all other actions deemed not | ne and are each further authorized to withdraw funds from time to time, | | |
| В. | 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 to the Participant's TexPool Prime account or (2) is no longer employed by the Participant; and | | | |
| C. | That the Participant may by Amending Resolution signed by the Part Representative is an officer, employee, or agent of the Participant; | ticipant add an Authorized Representative provided the additional Authorized | | |
| | e Authorized Representative(s) of the Participant. Any new individuals of Participant Services. | will be issued personal identification numbers to transact business with | | |
| 1. | | | | |
| | Name | Title | | |
| | | | | |
| | Phone Fax | Email | | |
| 2. | | | | |
| | Signature | | | |
| | | | | |
| | Name | Title | | |
| | | | | |
| | Phone Fax | Email | | |
| | | | | |
| 3. | Signature | | | |
| | 1 | | | |
| | Name | Title | | |
| | | | | |

Form Continues on Next Page 1 of 2

Email

Fax

| 4.0- | - 1.4 1 4 4. | | | | |
|---|--|-------------|--|--|--|
| 1. Ke | solution (continued) | | | | |
| 4. | | | | | |
| 4. | Name | | Title | | |
| | | 1.1 | | | |
| | Phone Fax | | Email | | |
| | I | | | | |
| | Signature | | | | |
| 1 ! - 4 41 | | | | | |
| | e name of the Authorized Representative listed above that will onthly statements under the Participation Agreement. | i nave pri | imary responsibility for performing transactions and receiving confirmations | | |
| | station of the companion of the companio | | | | |
| L Name | | | | | |
| | tion and at the ention of the Participant, one additional Authoriz | rad Danre | contative can be decignated to perform only inquiry of colocted information | | |
| | | | esentative can be designated to perform only inquiry of selected information. res to designate a representative with inquiry rights only, complete the | | |
| | ng information. | | | | |
| | | | | | |
| Name | | Title | | | |
| | | 1 1 | | | |
| Phone | Fax | | Email | | |
| D | That this Resolution and its authorization shall continue in fu | ıll force a | 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 . | | |
| | | r or Cou | inty Judge and attested by your Board Secretary, City Secretary | | |
| or County Clerk. | | | | | |
| | | | | | |
| Name o | f Participant* | | | | |
| SIGNE | ED . | | ATTEST | | |
| | | | | | |
| Signatu | re* | | Signature* | | |
| | | | | | |
| L | Name* | 4 | Printed Name* | | |
| | | | | | |
| Title* | | 1 | 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 1400 Houston, TX 77002

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX-REP

2 OF 2