



Resolution Authorizing Participation in the TexPool Investment Pools and Designating Authorized Representatives

WHEREAS,

_____ ("Participant") is a local government or state agency of the State of Texas and is empowered to delegate to the public funds investment pools the authority to invest funds and to act as custodian of investments purchased with local investment funds; and

WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

WHEREAS, the Texas Local Government Investment Pools ("**TexPool/TexPool Prime**"), public funds investment pools, were created on behalf of entities whose investment objectives in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.

NOW THEREFORE, be it resolved as follows:

- A. That Participant shall enter into a Participation Agreement to establish an account in its name in **TexPool/TexPool Prime**, for the purpose of transmitting local funds for investment in **TexPool/TexPool Prime**.
- B. That the individuals, whose signatures appear in this Resolution, are authorized representatives of the Participant and are each hereby authorized to transmit funds for investment in **TexPool/TexPool Prime** and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.

Authorized Representatives of the Participant

These individuals will be issued P.I.N. numbers to transact business via telephone with a Participant Service Representative.

1.	<input type="text"/> Signature	<input type="text"/> Telephone Number
	<input type="text"/> Printed Name	<input type="text"/> Fax Number
	<input type="text"/> Title	<input type="text"/> Email
2.	<input type="text"/> Signature	<input type="text"/> Telephone Number
	<input type="text"/> Printed Name	<input type="text"/> Fax Number
	<input type="text"/> Title	<input type="text"/> Email
3.	<input type="text"/> Signature	<input type="text"/> Telephone Number
	<input type="text"/> Printed Name	<input type="text"/> Fax Number
	<input type="text"/> Title	<input type="text"/> Email
4.	<input type="text"/> Signature	<input type="text"/> Telephone Number
	<input type="text"/> Printed Name	<input type="text"/> Fax Number
	<input type="text"/> Title	<input type="text"/> Email

Authorized Representatives of the Participant (continued)

5. Signature	Telephone Number
Printed Name	Fax Number
Title	Email

List the name of the Authorized Representative provided above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.

Printed Name _____

In addition and at the option of the Participant, one additional authorized representative can be designated to perform inquiry only of selected information. This limited representative cannot make deposits or withdrawals. If the Participant desires to designate a representative with inquiry rights only, complete the following information.

1. / 713-483-6530
Printed Name Telephone Number

/ 713-483-6979
Title Fax Number

C. That this resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until **TexPool/TexPool Prime** 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 _____, 20____.

Document is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk.

Name of Participant

SIGNED:

Signature _____

Printed Name _____

Title _____

ATTEST:

Signature

Printed Name

Title

Additional Authorized Representatives:

6. _____
Constance P. Sanchez P 361-826-3227
Treasurer F 361-880-3601
ConstanceP@cctexas.com

7. _____
Judy Villalon P 361-826-3651
Assistant Treasurer F 361-882-7320
JudyAV@cctexas.com