

## 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

WHE	EREAS,												
Partici	cipant Name*		Location Number*										
	rticipant") is a local government of the State of Texas and is empo evest funds and to act as custodian of investments purchased with l												
	<b>EREAS</b> , it is in the best interest of the Participant to invest local fur cipal, liquidity, and yield consistent with the Public Funds Investme												
behal	<b>EREAS</b> , the Texas Local Government Investment Pool (" <b>TexPool</b> / alf of entities whose investment objective in order of priority are pr the Public Funds Investment Act.	<b>Texpool Prir</b> reservation a	rime"), a public funds investment pool, were created or and safety of principal, liquidity, and yield consistent										
NOW	N THEREFORE, be it resolved as follows:												
Α.	. That the individuals, whose signatures appear in this Resolution, hereby authorized to transmit funds for investment in TexPool / I from time to time, to issue letters of instruction, and to take all o of local funds.	TexPool Prim	me and are each further authorized to withdraw funds										
B.	. That an Authorized Representative of the Participant may be del Representatives provided that the deleted Authorized Represent Participant's TexPool / TexPool Prime account or (2) is no longer	tative (1) is a	assigned job duties that no longer require access to the										
C.	. That the Participant may by Amending Resolution signed by the additional Authorized Representative is an officer, employee, or												
List th	the Authorized Representative(s) of the Participant. Any new individ	duals will be	e issued personal identification numbers to transact										
ousin	ness with TexPool Participant Services.												
1.	Name	 Title											
	Phone Fax		Email										
	Signature		<del></del> -										
2.													
۷.	Name	Title											
	Phone Fax		Email										
	Signature												
3.													
	Name Title												
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Name																		Т	itle					
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Phone												Fax										Em		
																								ect until amended or revoked by the Participant, and prevocation. This Resolution is hereby introduced and
	ad	ии Іор	te	d b	y t	r a he	Pai	tici	par	nt a	t its	reg	ular/	es a Ispe	ecial	me	etin	y suc g he	Id c	n t	he			day of     ,   2   0     .
Note:	D	oc	un	en	t is	s to	b	e si	gn	ed l	by y	youi	r Bo	ard	Pre	side	nt,	May	or/	or	Cou	nty J	ud	udge and attested by your Board Secretary, City
Secre	tar	у	or	Co	un	ty (	Cle	rk.																
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ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

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