

Authorized Representatives of the Participant (continued)

5.	<input type="text"/>	<input type="text"/>
	Signature	Telephone Number
	<input type="text"/>	<input type="text"/>
	Printed Name	Fax Number
	<input type="text"/>	<input type="text"/>
	Title	Email
6.	<input type="text"/>	<input type="text"/>
	Signature	Telephone Number
	<input type="text"/>	<input type="text"/>
	Printed Name	Fax Number
	<input type="text"/>	<input type="text"/>
	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, additional authorized representative(s) 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.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Printed Name	Title	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number	Fax Number	Email
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Printed Name	Title	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number	Fax Number	Email
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Printed Name	Title	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number	Fax Number	Email
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Printed Name	Title	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number	Fax Number	Email
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Printed Name	Title	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number	Fax Number	Email
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Printed Name	Title	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone Number	Fax Number	Email

Authorized Representatives of the Participant (continued)

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 a Board Officer, Mayor or County Judge and attested by a Board Officer, City Secretary or County Clerk.

Name of Participant

SIGNED:

Signature

Printed Name

Title

ATTEST:

Signature

Printed Name

Title