



Welcome to Texas CLASS

Thank you for choosing Texas CLASS!

This packet contains all the materials necessary to set up your Texas CLASS account(s). If you have any questions about the registration process or about your Texas CLASS account(s), please do not hesitate to contact us. The Texas CLASS Client Service team can be reached any business day from 8:00 a.m. to 4:30 p.m. CT by phone at (800) 707-6242 or by email at clientservices@texasclass.com.

Texas CLASS is not a bank. An investment in Texas CLASS is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although Texas CLASS Prime and Texas CLASS Government seek to preserve the value of your investment at \$1.00 per share, they cannot guarantee they will do so. Please read the applicable Texas CLASS Information Statements carefully before making an investment decision. Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. **Past performance is no guarantee of future results. Any financial and/or investment decision may incur losses.**

Registration Procedures

To join Texas CLASS, please complete the following:

- 1) Read the Trust Agreement (A copy can be found on www.texasclass.com).
- 2) Pass the resolution authorizing participation in Texas CLASS (page 3 and 4).
- 3) Adopt the Trust Agreement by signing Exhibit D (page 5).
- 4) Complete the Entity Registration (page 6).
- 5) Complete the Authorized Contacts Form (page 7/8). Texas CLASS recommends having multiple authorized signers to help prevent fraud.
- 6) Complete the Accounts to be Established Form; you may open as many accounts as you wish (page 9).
- 7) Keep the original forms for your records, and send the completed packet to the Texas CLASS Client Service team by fax (855) 848-9910 or by email clientservices@texasclass.com.

Questions? Please contact us; we would love to hear from you!

Texas CLASS Client Service Team
T (800) 707-6242
clientservices@texasclass.com

Resolution to Participate

WHEREAS, the Public Funds Investment Act, Texas Government Code, Section 2256.001 et seq. (the Act) requires the governing body of each local government in this state to adopt investment policies in accordance with the terms of the Act; and

WHEREAS, pursuant to the requirements of the Act, the Board of Trustees (the Governing Body) of the CITY OF ANGLETON (the Local Government) has previously reviewed and adopted an investment policy (the Policy) that provides in part that the funds of the local government will be invested in investments permitted by the Act in order to: (i) invest only in investments legally permitted under Texas law; (ii) minimize risk by managing portfolio investments so as to preserve principal and maintain a stable net asset value; (iii) manage portfolio investments to ensure that cash will be available as required to finance operations; and (iv) maximize current income to the degree consistent with legality, safety, and liquidity; and

WHEREAS, pursuant to the Policy and the Act, the Local Government has appointed SUSIE HERNANDEZ (the Investment Officer) to act as the investment officer of the Local Government; and

WHEREAS, the Act provides that funds under the control of a Local Government may be invested through investment pools meeting the standards of Section 2256.016 of the Act; and

WHEREAS, the Local Government has received and reviewed the Information Statement, dated April 2021 (the Information Statement), of Texas Cooperative Liquid Assets Securities System Trust (the Program), an investment pool administered by Public Trust Advisors, LLC that sets forth the information required by Section 2256.016(b) of the Act; and

WHEREAS, the Local Government has determined that the investments proposed to be acquired by the Program are of a type that are permitted by the Act and are consistent with the Policy; and

WHEREAS, the Local Government has determined that an investment in the Program will assist the Local Government in achieving the goals set forth in the Policy and will tend to preclude imprudent investment activities arising out of investment transactions conducted between the Local Government and the Program; and

WHEREAS, the Local Government understands that the Program operates through the Ninth Amended and Restated Trust Agreement dated as of February 25, 2021 (the Trust Agreement), that provides the terms on which the Program will operate and the rights of the Participants in the Program and sets forth the responsibilities of Public Trust Advisors, LLC as the administrator of the Program (the Administrator) and of UMB Bank as custodian (the Custodian);

Exhibit D – Participation Certificate

The undersigned CITY OF ANGLETON (the Local Government) does hereby request that it be admitted as a Participant pursuant to Section 2.3 of the Ninth Amended and Restated Trust Agreement (the Agreement) dated as of February 25, 2021, by and between the Participants, UMB Bank as Custodian, and Public Trust Advisors, LLC. By executing this Participation Certificate, the undersigned agrees that, upon the execution hereof by the Program Administrator, it will become subject to the same obligations and shall have the same rights as if it had executed the Agreement.

The undersigned hereby certifies that SUSIE HERNANDEZ
(Investment Officer)
is the duly designated Representative of the undersigned as required by the Agreement.

The undersigned hereby certifies that its governing body has taken all actions required by Section 2256.016 of the Public Funds Investment Act, Texas Government Code, for it to participate in the Trust created by the Agreement.

CITY OF ANGLETON
Entity Name

Signature Date Title

Accepted by Administrator (to be completed by Texas CLASS):

Signature Date Title



Trust Registration

Entity Information

Entity Name (Participant) CITY OF ANGLETON

Entity Type: City/Town County School District Special District
 Other (Specify) _____

Mailing Address 121 S. VELASCO ST.

City ANGLETON Zip 77515 County BRAZORIA

Physical Address (if different than above) _____

City ANGLETON Zip _____ County _____

Tax ID _____ Fiscal Year End Date (Month/Day) 09/30

The _____ (the Local Government) hereby wishes to invest in the following portfolio:

Texas CLASS Texas CLASS Government Both

Texas CLASS and its transfer agent and administrator are authorized by the Participant to act on any instructions believed to be genuine for any service authorized on this form. To the extent permitted by law, the Participant agrees that Texas CLASS, its transfer agent, and administrator, Public Trust Advisors LLC, and their respective officers, directors, affiliates, representatives, employees and agents (each an "Indemnified Party") will not be liable for any losses, claims, expenses and liabilities (collectively, the "Losses") that result from accepting such instructions, and agrees to indemnify and hold harmless each Indemnified Party from and against any and all Losses arising from or resulting from such reliance on, or acceptance of, such instructions. Withdrawal proceeds can be sent only to the bank(s) indicated below unless otherwise amended in the Texas CLASS Online Transaction Portal. Each Participant is responsible for notifying Texas CLASS of any changes to its account(s).

Wires will be distributed every hour with the final distribution ending at 4:00 p.m. CT; distribution times are subject to change as needed by the Texas CLASS Administrator. Additionally, Texas CLASS must be notified of any contributions by 4:00 p.m. CT to receive same day credit. **If funds are not received by 4:00 pm CT, contribution orders will be voided.**

Banking Information

Bank Name FIRST STATE BANK LOUISE

Bank Routing Number (ABA) [REDACTED]

Account Title POOL CASH

Account Number [REDACTED]

Bank Contact* KRISTINE LONG

Contact's Phone Number (979) 849-4364

Wire ACH Both

Additional Banking Information (Optional)

Bank Name _____

Bank Routing Number (ABA) _____

Account Title _____

Account Number _____

Bank Contact* _____

Contact's Phone Number _____

Wire ACH Both

*If there will only be one Authorized Signer on the Texas CLASS account, bank contact must be provided to verify bank account information

Authorized Contacts¹

Authorized Signers Can	Read-Only Users Can
Approve changes to the Investor Profile Update banking/contact information Process transactions Receive account updates	Receive account updates Request "view-only" access to monthly statements and transaction confirmations View banking/contact information

Representative and Authorized Signer

SUSIE HERNANDEZ

Print First and Last Name

Signature Required

SHERNANDEZ@ANGLETON.TX.US

Email (Required)

INTERIM FINANCE DIRECTOR

Title

9798464364

2136

Phone (Required)²

Extension

Mobile²

Additional Contact (Optional) Note – Texas CLASS strongly advises each participant to have multiple authorized signers to help prevent fraud

MICHELLE PEREZ

Print First and Last Name

(Signature Required if Authorized Signer)

MPEREZ@ANGLETON.TX.US

Email (Required)

CITY SECRETARY

Title

9798494364

2115

Phone (Required)²

Extension

Mobile²

Permissions (check only one)

Authorized Signer to Move Funds

Read-Only Access

Additional Contact (Optional)

CHRISTOPHER J. WHITTAKER

Print First and Last Name

(Signature Required if Authorized Signer)

CWHITTAKER@ANGLETON.TX.US

Email (Required)

CITY MANAGER

Title

9798494364

2112

Phone (Required)²

Extension

Mobile²

Permissions (check only one)

Authorized Signer to Move Funds

Read-Only Access

¹ All contacts listed on an account will receive email notifications when transaction confirmation documents and monthly statements are available for download in the online portal.

² A phone number that you can be reached at directly is required to receive the multi-factor authentication code via phone call. Mobile numbers can receive the code via phone call or text.

Authorized Contacts (cont.)¹

Additional Contact (Optional)

JOHN WRIGHT
Print First and Last Name

(Signature Required if Authorized Signer)
JWRIGHT@ANGLETON.TX.US
Email (Required)

Permissions (check only one)
 Authorized Signer to Move Funds
 Read-Only Access

MAYOR
Title
9798494364
Phone (Required)² Extension
4092561202
Mobile²

Additional Contact (Optional)

Print First and Last Name

(Signature Required if Authorized Signer)
Email (Required)

Permissions (check only one)
 Authorized Signer to Move Funds
 Read-Only Access

Title
Phone (Required)² Extension
Mobile²

Additional Contact (Optional)

Print First and Last Name

(Signature Required if Authorized Signer)
Email (Required)

Permissions (check only one)
 Authorized Signer to Move Funds
 Read-Only Access

Title
Phone (Required)² Extension
Mobile²

¹ All contacts listed on an account will receive email notifications when transaction confirmation documents and monthly statements are available for download in the online portal.

² A phone number that you can be reached at directly is required to receive the multi-factor authentication code via phone call. Mobile numbers can receive the code via phone call or text.

Dual Authorization Form (Optional)

Entity Name: CITY OF ANGLETON

Please utilize this form to request dual authorization capabilities on your Texas CLASS account. Dual authorization ensures that any transaction entered via the Texas CLASS online transaction portal requires approval from a second Authorized Signer in order to be processed (internal transfers between subaccounts do not require dual authorization). **Note:** All Authorized Signers listed on the account can enter transactions and approve them (not just the users below).

Request to Add Dual Authorization

Dual authorization is hereby approved for CITY OF ANGLETON by the Authorized Signer below. By approving dual authorization, the Authorized Signer acknowledges that transactions not approved by the 4:00 p.m. CT cutoff will not be processed. Please ensure transactions are entered in a timely manner and that other authorized signers are available to approve the transactions for processing.

Authorized Signer's Signature

Date

Printed Name

Title