



**CITY OF KOTZEBUE  
RESOLUTION NO. 24-13**

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF KOTZEBUE  
ESTABLISHING AN UPDATED CHECK SIGNATURE LIST FOR KEY BANK.**

**WHEREAS,** the City of Kotzebue has invested a portion of its funds in the Alaska Municipal League Investment Pool, Inc. (“AMLIP”);

**WHEREAS,** AMLIP investments are handled by/administered by Key Bank;

**WHEREAS** Key Bank requires updated check signature cards for the City’s AMLIP account; and,

**WHEREAS** the AMLIP Signature Card Revision Form is attached hereto as Exhibit “A” and must be completed and returned to Key Bank.

**NOW, THEREFORE, BE IT RESOLVED,** that the City Council of the City of Kotzebue directs the City Administration to complete Exhibit “A” attached hereto with the appropriate information and obtain the required signatures and return such to Key Bank.

**PASSED AND APPROVED** by a duly constituted quorum of the City Council of the City of Kotzebue, Alaska, this 22<sup>nd</sup> day of February 2024.

**CITY OF KOTZEBUE**

\_\_\_\_\_  
Saima Chase, Mayor

[SEAL]

ATTEST:

\_\_\_\_\_  
Rosie Hensley, City Clerk

Attachment: Exhibit "A" – AMLIP Signature Card Revision Form 3 pages

## ACCOUNT APPLICATION / SIGNATURE CARD

AMLIP SERIES I

AMLIP SERIES II

*Check only one box above. A separate first page is needed for each Series.  
The Certificate of Authority page can be used for multiple accounts.*



Account Number (and underlying portfolios): City of Kotzebue

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### 1. ACCOUNT REGISTRATION

Government Entity Name: City of Kotzebue  
Mailing Address: PO Box 46  
City: Kotzebue  
State: AK Zip Code: 99752

Primary Contact: Teresa Baldwin  
Phone Number: 907-442-3401  
Email Address: tbaldwin@kotzebue.org

Secondary Contact: Donna McConnell  
Phone Number: 907-442-3401  
Email Address: dmccconnell@kotzebue.org

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### 2. TAX AND INVESTMENT CERTIFICATION

I certify that 92-6001350 is the correct Tax Identification Number and that the government entity is an exempt recipient. Additionally, I acknowledge the selection of Pool Series I or II in above field.

Under the penalties of perjury, I certify that the information provided on this application is true, correct and complete, and agree to the terms thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: City Manager

[If you are unable to certify your status as an exempt recipient, or have any questions, please contact Alaska Permanent Capital Management at 907-272-7575.]

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### 3. CERTIFICATE OF AUTHORITY

It is necessary for you to provide a certified copy of a Certificate of Authority identifying those individuals who may authorize transactions. The attached form needs to be used for this purpose. A certified copy of a resolution can be included. It is understood that the Pool and KeyBank N.A. may rely upon these authorizations until revoked or amended by written notices delivered to KeyBank.

**CERTIFICATE OF AUTHORITY**

The undersigned hereby certifies and affirms that he/she is the duly elected/delegated/appointed Teressa Baldwin of City of Kotzebue (herein "Investor"), a government municipality, organized under the laws of the State of Alaska. The Undersigned hereby certifies that the Council Members of the Investor are authorized to open an account in the name of the Investor in the Alaska Municipal League Investment Pool and to invest such funds of the Investor in this account as they may deem necessary; that the persons authorized below may endorse transaction requests and other instruments for investment in said account and that requests withdrawing said funds must be signed by 8 of the persons authorized below.

The undersigned further certifies that the Pool and KeyBank, shall be held harmless and fully protected in relying from time to time upon any certifications by the secretary or clerk of the Investor as to the names of the individuals occupying such offices and in acting in reliance upon the foregoing certification until actual receipt by them of a Certificate of Authority issued by the secretary or clerk of the Investor modifying or revoking any or all such resolutions.

The undersigned further certifies that the following individuals occupy the offices designated

Name: Teressa Baldwin  
Title: City Manager  
Phone: 907-442-3401

Signature: \_\_\_\_\_

Name: Ernest Norton  
Title: Seat A  
Phone: 907-995-2212

Signature: \_\_\_\_\_

Name: Derek Haviland-Lie  
Title: Seat B  
Phone: 907-412-1725

Signature: \_\_\_\_\_

Name: Joshua Hadley  
Title: Seat C  
Phone: 907-203-2676

Signature: \_\_\_\_\_

Name: Saima Chase  
Title: Seat D  
Phone: 907-885-9852

Signature: \_\_\_\_\_

Name: Kathleen Sherman  
Title: Seat E  
Phone: 907-412-3345

Signature: \_\_\_\_\_

Attach an additional certificate of authority page to include additional names if necessary.

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**Government Entity Name:** City of Kotzebue

**Authority Officer Signature:**

{SEAL}

\_\_\_\_\_

City Manager

Government Entity's Seal Date: \_\_\_\_\_

See the Common Investment Agreement for the differences in Series I & Series II and the Investment Circular for Municipal Advisor information.



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The undersigned further certifies that the following individuals occupy the offices designated

Name: Ariana Erlich  
Title: Seat F  
Phone: 907-230-8686

Signature: \_\_\_\_\_

Name: Johnson Greene  
Title: Seat G  
Phone: 907-412-0699

Signature: \_\_\_\_\_

Name: [Click to enter name](#)  
Title: [Click to enter title.](#)  
Phone: [Click to enter number](#)

Signature: \_\_\_\_\_

Name: [Click to enter name](#)  
Title:  
Phone: [Click to enter number](#)

Signature: \_\_\_\_\_

Name: [Click to enter name](#)  
Title:  
Phone: [Click to enter number](#)

Signature: \_\_\_\_\_

Name: [Click to enter name](#)  
Title:  
Phone: [Click to enter number](#)

Signature: \_\_\_\_\_

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**Government Entity Name:** City of Kotzebue

**Authority Officer Signature:**

{SEAL}

\_\_\_\_\_  
City Manager

Government Entity's Seal Date: \_\_\_\_\_

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