

Resolution Amending Authorized Representatives

Please use this form to amend or designate Authorized Representatives.

This document supersedes all prior Authorized Representative forms.

* Required Fields

Signature

1. Resolution

Town of Prosper Participant Name* Location Number* ("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds investment pool the authority to invand 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 did consistent with the Public Funds Investment Act; and WHEREAS, the Texas Local Government Investment Pool ("TexPool/ Texpool Prime"), a public funds investment pool, were created on behalentities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Finvestment Act. NOW THEREFORE, be it resolved as follows: A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hern authorized to transmit funds for investment in TexPool / TexPool Prime and are each further authorized to withdraw funds from time to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds. B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by two remaining Authorized Representative (1) is assigned job duties that no longer require access to the Participant's TexPool Prime account or (2) is no longer employed by the Participant; and C. That the Participant may by Amending Resolution signed by the Participant add an Authorized Representative provided the additiona Representative is an officer, employee, or agent of the Participant; List the Authorized Representative(s) of the Participant. Any new individuals will be issued personal identification numbers to transact busine TexPool Prime accounts of Administrative Services Robert B. Scott Sepressional Services Sepressional Services Sepressional Services Sepressional Services Sepress	ipal, alf of runds eby o time, sentatives
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TexPool Participant Services. 1. Robert B. Scott Executive Director of Administrative Services Title Services Phone Fax Executive Director of Administrative Services Title Services Executive Director of Administrative Services Fix Executive Dire	l Authorized
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9 7 2 5 6 9 1 0 6 2	
Phone Fax Email	
Signature	
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2. Ron K. Patterson Interim Town Manager	
Name Title	1
9 7 2 5 6 9 1 0 1 0	
Signature	
3. Robyn D. Battle Executive Director of Communications Title	
9 7 2 5 6 9 1 0 1 1	

Form Continues on Next Page 1 of 2

1. Resolution (continued)	
4. Michelle Lewis Sirianni Name 9 7 2 5 6 9 1 0 7 3	Town Secretary Title
9 7 2 5 6 9 1 0 7 3 Fax	mlsirianni@prospertx.gov
Signature	
List the name of the Authorized Representative listed above that will and monthly statements under the Participation Agreement.	Il have primary responsibility for performing transactions and receiving confirmations
Robert B. Scott	
Name	
·	zed Representative can be designated to perform only inquiry of selected information. pant desires to designate a representative with inquiry rights only, complete the
Maria Harris	Senior Accountant
Name	Title
9 7 2 5 6 9 1 0 1 9	mharris@prospertx.gov
Phone Fax	Email
	ull force and effect until amended or revoked by the Participant, and until TexPool nt or revocation. This Resolution is hereby introduced and adopted by the Participant eptember , 2 0 2 2 .
Note: Document is to be signed by your Board President, Mayor County Clerk.	or or County Judge and attested by your Board Secretary, City Secretary
Town of Prosper 77294	
Name of Participant*	
SIGNED	ATTEST
Signature*	Signature*
David F. Bristol	Michelle Lewis Sirianni
Printed Name*	Printed Name*
Mayor	Town Secretary
Title*	Title*

2. Mailing Instructions

The completed Resolution Amending Authorized Representatives can be faxed to TexPool Participant Services at 1-866-839-3291, and mailed to:

TexPool Participant Services 1001 Texas Avenue, Suite 1150 Houston, TX 77002

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

Phone: 1-866-TEXPOOL (839-7665) • Fax: 1-866-839-3291 • www.texpool.com

TEX-REP

2 OF 2