



Resolution Authorizing Participation in the TexPool Investment Pools and Designating Authorized Representatives

WHEREAS, the City of Wolfforth
("Participant") is a local government or state agency of the State of Texas and is empowered to delegate to the public funds investment pools the authority to invest funds and 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, liquidity, and yield consistent with the Public Funds Investment Act; and

WHEREAS, the Texas Local Government Investment Pools ("TexPool/TexPool Prime"), public funds investment pools, were created on behalf of entities whose investment objectives in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.

NOW THEREFORE, be it resolved as follows:

- A. That Participant shall enter into a Participation Agreement to establish an account in its name in TexPool/TexPool Prime, for the purpose of transmitting local funds for investment in TexPool/TexPool Prime.
- B. That the individuals, whose signatures appear in this Resolution, are authorized representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool/TexPool Prime and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.

Authorized Representatives of the Participant

These individuals will be issued P.I.N. numbers to transact business via telephone with a Participant Service Representative.

1.		8 0 6 8 5 5 4 1 2 0
	Signature	Telephone Number
	Randy Criswell	8 0 6 8 5 5 4 1 2 1
	Printed Name	Fax Number
	City Manager	rcriswell@wolfforthtx.us
	Title	Email
2.		8 0 6 8 5 5 4 1 6 0
	Signature	Telephone Number
	Rick Scott	8 0 6 8 5 5 4 1 6 1
	Printed Name	Fax Number
	Assistant City Manager	rscott@wolfforthpd.org
	Title	Email
3.		8 0 6 8 5 5 4 1 2 0
	Signature	Telephone Number
	Terri Robinette	8 0 6 8 5 5 4 1 2 1
	Printed Name	Fax Number
	City Secretary	trobinette@wolfforthtx.us
	Title	Email
4.		
	Signature	Telephone Number
	Printed Name	Fax Number
	Title	Email

Authorized Representatives of the Participant (continued)

5.	<input type="text"/> Signature	<input type="text"/> Telephone Number
	<input type="text"/> Printed Name	<input type="text"/> Fax Number
	<input type="text"/> Title	<input type="text"/> Email
6.	<input type="text"/> Signature	<input type="text"/> Telephone Number
	<input type="text"/> Printed Name	<input type="text"/> Fax Number
	<input type="text"/> Title	<input type="text"/> 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.

Terri Robinette
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"/> Printed Name	<input type="text"/> Title
	<input type="text"/> Telephone Number	<input type="text"/> Fax Number
	<input type="text"/> Telephone Number	<input type="text"/> Email
2.	<input type="text"/> Printed Name	<input type="text"/> Title
	<input type="text"/> Telephone Number	<input type="text"/> Fax Number
	<input type="text"/> Telephone Number	<input type="text"/> Email
3.	<input type="text"/> Printed Name	<input type="text"/> Title
	<input type="text"/> Telephone Number	<input type="text"/> Fax Number
	<input type="text"/> Telephone Number	<input type="text"/> Email
4.	<input type="text"/> Printed Name	<input type="text"/> Title
	<input type="text"/> Telephone Number	<input type="text"/> Fax Number
	<input type="text"/> Telephone Number	<input type="text"/> Email
5.	<input type="text"/> Printed Name	<input type="text"/> Title
	<input type="text"/> Telephone Number	<input type="text"/> Fax Number
	<input type="text"/> Telephone Number	<input type="text"/> Email
6.	<input type="text"/> Printed Name	<input type="text"/> Title
	<input type="text"/> Telephone Number	<input type="text"/> Fax Number
	<input type="text"/> Telephone Number	<input type="text"/> 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

2 | 2 | day of January |, 2 | 0 | 2 | 4 |.

Document is to be signed by a Board Officer, Mayor, or County Judge and attested by a Board Officer, City Secretary or County Clerk.

City of Wolfforth

Name of Participant

SIGNED:

Signature

Charles Addington, II

Printed Name

Mayor

Title

ATTEST:

Signature

Terri Robinette

Printed Name

City Secretary

Title

Delivery Instructions

Please return this document to **TexPool Participant Services:**

Email: texpool@dstsystems.com

Fax: 866-839-3291