Questions Submitted by Trustee Mr. Gilbert Rodriguez March 27, 2019 Regular Called Board Meeting Consent Agenda Item #5

1. Question - Please provide an official document from First Public and TexPool that lists current SSAISD authorized representatives.

See Two (2) Attachments

2. Question - What is the process for removing a SSAISD representative from First Public or TexPool?

Procedures – Investment Pool Authorized Representative Changes

Investment Pool Authorized Representatives can be added or deleted from Investment Pool accounts by completing the forms required by each investment pool. Each form must be signed by another district authorized representative or the School Board of Trustees.

See Two (2) Attachments

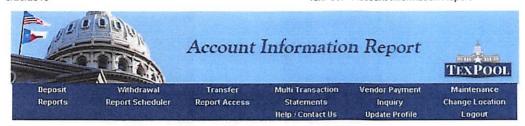
Shareholder Registration Report Family: LS - Lone Star Investment Pool

Shareholder	: 15908 -			*
Registration I	nformation			
Legal Name:	South San Antor	iio ISD	Setup Date: Shld Type:	10/24/1995 51 - Schools
SSN/EIN: Shareholde Addresses	r has Telephone Tran	saction Privileges		ne Numbers
Name: Address:	1 - Mailing Address South San Antonio ISD 5622 Ray Ellison Blvd. San Antonio, TX 78242- United States	2214	MAIN FAX	210-977-7000 210-977-7019
1st RPO: 2nd RPO: 3rd RPO:		Address End Month: Address End Day:	12 31	
Authorized Us	ers			
User Name Registered O Last Login	Tiffany Contreras n 11/7/2018 4:23:06 3/26/2019 12:14:09		tcontreras@southsanisd.ne	et
		User Secu	rity	
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User Name Registered O	Cristina Moreno (Vi n 11/15/2018 3:19:47		cmoreno@southsanisd.net	
Last Login	3/4/2019 4:18:28 P		anoreno@sounsumsume	
		<u>User Secu</u>	rity	
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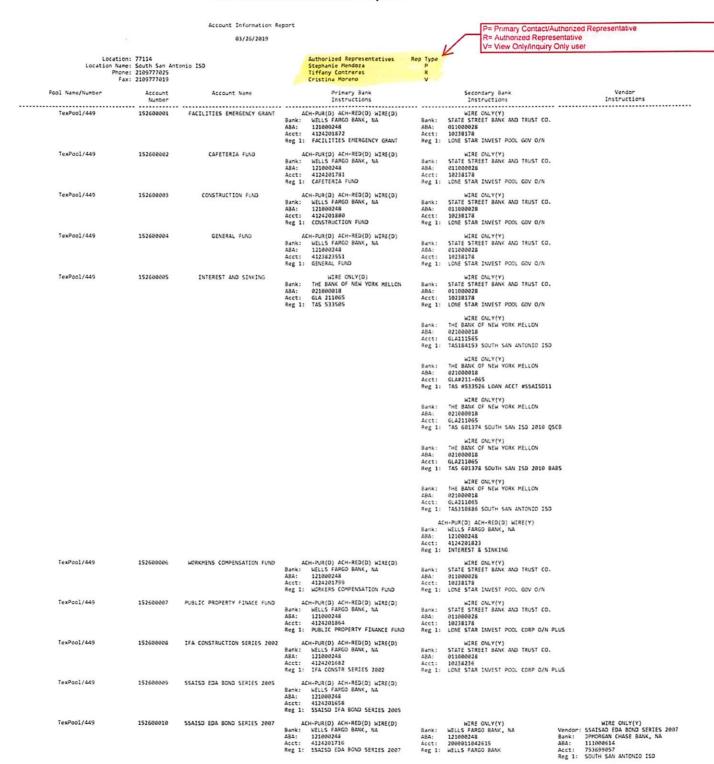
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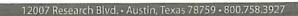
Shareholder Registration Report Family: LS - Lone Star Investment Pool

User Name Ster	phanie Mendoza							
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Shareholder Sub Account								
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	Name: JPMORGAN	CHASE BANK	NΔ					
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	nk ID: 121000248							
Bank I	Name: WELLS FAR	GO BANK, NA						
Acct	Name: A. Olivares E	lementary						
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Clearing Ba								
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Account Information Report







firstpublic.com

Authorized Representative Delete Form
Name of Participant
Deletion of Authorized Representative
The following officers, officials, or employees of the Participant are hereby deleted as Authorized Representatives within the meaning of the Interlocal Agreement (Agreement), removing full power and authority to execute the Agreement and any other documents, as may be required to deposit money to and withdraw money from the Participant's Lone Star Investment Pool account.
Printed Name
Signature of Authorized Representative other than the one(s) listed above:
Date
Printed Name and Title



Authorized Representative Deletion/Update Form

Please complete this form to delete Authorized Representative(s) of the Participant.							
*Required Fields							
1. Participant Information							
South San Antonio Independent School District Participant Name*	7 7 1 1 4						
2. Deletions							
Please print the name(s) of the individual(s) to be deleted:							
As Authorized Representative(s):	As Inquiry Only Representative(s):						
1.	1.						
2	1						
2.	2.						
3.	3.						
3. Primary Contact	ELLER OF THE STATE						
If the person being deleted is the Primary Contact, please complete all field new Primary Contact. The Primary Contact is the individual who will receive TexPool Updates, and other TexPool mailings.	s in this section for the TexPool Authorized Representative that will be the the daily transaction confirmations, monthly statements, monthly newsletter,						
1							
Name Title							
Telephone Number Fax Number	Email Address						
4. Inquiry Only							
If the person being deleted is an Inquiry Only Representative, please complicapacity. Please note: Inquiry Only Representatives cannot perform transact							
Name Title							
Telanhana Number	Empil Address						

5. Approvals	
Please enter the name of two individuals who are currently Authorized Representatives	and who authorize the deletion(s) of the individual(s) above.
Note: This authorization must be executed by a current Authorized Representative of the Participant, which is on file with TexPool.	ne Participant as set forth in the duly enacted Resolution of the
1	
Authorized Representative Signature*	Date*
1	
Printed Name*	Telephone Number
1	
Title* .	
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Authorized Representative Signature*	Date*
Printed Name*	Telephone Number
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6. Mailing Instructions

The completed Authorized Representative Deletion/Update Form can be faxed to TexPool Participant Services at 1-866-839-3291, and mailed to: TexPool Participant Services
1001 Texas Avenue, Suite 1400
Houston, TX 77002

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX-REP

2 OF 2