



# Authorized Representative Deletion/Update Form

Please complete this form to delete Authorized Representative(s) of the Participant.

**\*Required Fields**

**1. Participant Information**

Cedar Hill ISD      77334      01302019  
Participant Name\*      Location Number\*      Effective Date\*

**2. Deletions**

Please print the name(s) of the individual(s) to be deleted:

**As Authorized Representative(s):**

1. TINA Hansen  
2.  
3.

**As Inquiry Only Representative(s):**

1.  
2.  
3.

**3. Primary Contact**

If the person being deleted is the Primary Contact, please complete all fields in this section for the TexPool Authorized Representative that will be the new Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, TexPool Updates, and other TexPool mailings.

Name      Title  
Telephone Number      Fax Number      Email Address

**4. Inquiry Only**

If the person being deleted is an Inquiry Only Representative, please complete all fields in this section if you wish to add another individual in this capacity. Please note: Inquiry Only Representatives cannot perform transactions.

Name      Title  
Telephone Number      Fax Number      Email 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 as set forth in the duly enacted Resolution of the Participant, which is on file with TexPool.

*James S. Pritchett*  
Authorized Representative Signature\*

01302019  
Date\*

James Pritchett  
Printed Name\*

9722911581  
Telephone Number

Director of Finance  
Title\*

*Erica D. Devould*  
Authorized Representative Signature\*

01302019  
Date\*

Erica D. Devould  
Printed Name\*

9722911581  
Telephone Number

Staff Accountant  
Title\*

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



# Resolution Amending Authorized Representatives

Please use this form to amend or designate Authorized Representatives.

This document supersedes all prior Authorized Representative forms.

\* Required Fields

## 1. Resolution

WHEREAS,

Cedar Hill ISD

Participant Name\*

7 7 3 3 4

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 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 Pool ("TexPool/ Texpool Prime"), a public funds investment pool, were created on behalf of entities whose investment objective 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 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.
- B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by two remaining Authorized Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's TexPool / 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 additional Authorized 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 business with TexPool Participant Services.

1. Gilberto Prado CFO  
 Name Title

9 7 2 2 9 1 1 5 8 1 gilberto.prado@chisd.net  
 Phone Fax Email

*Gilberto Prado*  
 Signature

2. \_\_\_\_\_  
 Name Title

\_\_\_\_\_  
 Phone Fax Email

\_\_\_\_\_  
 Signature

3. \_\_\_\_\_  
 Name Title

\_\_\_\_\_  
 Phone Fax Email

\_\_\_\_\_  
 Signature

1. Resolution (continued)

4.

Name										Title																			
Phone										Fax										Email									
Signature																													

List the name of the Authorized Representative listed above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.

\_\_\_\_\_

Name

In addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information. This limited representative cannot perform transactions. If the Participant desires to designate a representative with inquiry rights only, complete the following information.

Name										Title																			
Phone										Fax										Email									

D. That this Resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool Participant Services 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 \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Note: Document is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk.**

\_\_\_\_\_

Name of Participant\*

**SIGNED**

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Printed Name\*

\_\_\_\_\_  
Title\*

**ATTEST**

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Printed Name\*

\_\_\_\_\_  
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 1400  
Houston, TX 77002

# ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

PARTICIPANT NAME: Cedar Hill ISD EFFECTIVE DATE: 01-30-19

## PART I: DELETIONS - Please enter the Authorized Representatives to be deleted

1. TINA Hansen 3. \_\_\_\_\_
2. \_\_\_\_\_ Inquiry: \_\_\_\_\_

## PART II: ADDITIONS - Please enter the Authorized Representatives to be added.

1. Name: Gilberto Prado Email: Gilberto.Prado@chisd.net  
Signature: [Signature] Phone: 972-281-1581 Title: CFU
2. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_
3. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

## PART III: APPROVALS - Please enter the names of all currently Authorized Representatives to authorize the deletions and additions of the individuals above.

1. Name: James Pritchett  
Signature: [Signature]  
Title: Director of Finance
2. Name: ERICA Devould  
Signature: [Signature]  
Title: Staff Accountant
3. Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

**Official Seal of Participant  
\*(REQUIRED)\***

**\*REQUIRED\***  
**Attested By:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_



## ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

**PART IV: PRIMARY CONTACT [required]** - If the Primary Contact on file with LOGIC was deleted in Part I of this form, please provide the name of the Authorized Representative that will be the Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, LOGIC updates and other program mailings.

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PART V: INQUIRY ONLY [optional]** - If an Inquiry Only Representative was deleted in Part I and you wish to replace this representative or add an inquiry only representative to your LOGIC account for the first time, please list this individual below. This limited representative cannot make deposits or withdrawals or sign Bank Information Sheets.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

If you have any questions regarding this form or the Authorized Representatives currently on file with LOGIC for your entity, please contact LOGIC Participant Services at 1-800-895-6442.

**Document with original signatures is required.**

Forms with alterations (i.e. white out, mark out, etc.) will NOT be accepted

Mail originals to LOGIC Participant Services \* 1201 Elm Street, Suite 3500 \* Dallas, Texas 75270



**Authorized Representative Add Form**

Name of Participant Cedar Hill ISD Participant Number \_\_\_\_\_

**Addition of Authorized Representative**

In order to either (i) carry out the role of Investment Officer for the Participant or (ii) aid the Investment Officer of the Participant in the execution of his or her duties pursuant to Texas Government Code, Section 2256.003(c), as the case may be, the following officers, officials, employees, or contractors of the Participant are hereby designated as Authorized Representatives within the meaning of the Investment Agreement (Agreement). These designated Authorized Representatives have 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 (Lone Star) account from time to time in accordance with the Agreement and the Information Statement, and take all other actions deemed necessary or appropriate for the investment of local funds of the Participant:

	Rep #1	Rep #2	Rep #3
Printed Name	<u>Gilberto Prado</u>	_____	_____
Title	<u>CFO</u>	_____	_____
E-mail address	<u>gilberto.prado@chisd.net</u>	_____	_____
Signature	<u></u>	_____	_____

In accordance with Lone Star procedures, an Authorized Representative shall promptly notify Lone Star of any changes in who is serving as Authorized Representative.

In addition to the foregoing Authorized Representatives, each Investment Officer of Lone Star appointed by the Lone Star Board of Trustees from time to time is hereby designated as an Investment Officer of the Government Entity and, as such, shall have responsibility for investing the share of Lone Star assets representing local funds of the Government Entity.

**PASSED AND APPROVED** this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

By: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_  
*Printed Name, Board President*

\_\_\_\_\_  
*Printed Name, Board Secretary*

State of Texas,

County of \_\_\_\_\_

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_, known to  
*(name of notary)* *(name of President and Secretary)*

me (or proved to me on the oath of \_\_\_\_\_) or through \_\_\_\_\_ to be the person(s)  
*(person providing oath)* *(identification item)*

whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

(Personalized Seal)

\_\_\_\_\_  
*Notary Public's Signature*



**Authorized Representative Delete Form**

Name of Participant Cedar Hill ISD

Participant Number \_\_\_\_\_

**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**

Sherra McEach

TINA Hansen

\_\_\_\_\_

**Signature of Authorized Representative other than the one(s) listed above:**

Ann W. Deemel

Date 1-30-19

Staff Accountant

**Printed Name and Title**