



APPLICATION FOR PARTICIPATION IN TEXSTAR

The undersigned local government (Applicant) applies and agrees to become a Participant in the Texas Short Term Asset Reserve Program (TEXSTAR).

1. **Authorization.** The governing body of Applicant has duly authorized this application by adopting the following resolution at a meeting of such governing body duly called, noticed, and held in accordance with the Texas Open Meeting Law, chapter 551, Texas Government Code, on December 16 ____, 2003:

WHEREAS, it is in the best interests of this governmental unit ("*Applicant*") to invest its funds jointly with other Texas local governments in the Texas Short Term Asset Reserve Program (TEXSTAR) in order better to preserve and safeguard the principal and liquidity of such funds and to earn an acceptable yield; and

WHEREAS, Applicant is authorized to invest its public funds and funds under its control in TEXSTAR and to enter into the participation agreement authorized herein;

NOW, THEREFORE, BE IT RESOLVED THAT:

SECTION 1. The form of application for participation in TEXSTAR attached to this resolution is approved. The officers of Applicant specified in the application are authorized to execute and submit the application, to open accounts, to deposit and withdraw funds, to designate other authorized representatives, and to take all other action required or permitted by Applicant under the Agreement created by the application, all in the name and on behalf of Applicant.

SECTION 2. The TEXSTAR Investment Policy is adopted as Applicant's investment policy, the TEXSTAR investment officers are designated as Applicant's investment officers, and the TEXSTAR Board is designated as custodian and depository, in each case for Applicant's public funds and funds under its control that are deposited with TEXSTAR. Unless Applicant provides a contrary investment policy to TEXSTAR, it shall be Applicant's investment policy that any or all of its public funds and funds under its control may be invested in and through TEXSTAR.

SECTION 3. This resolution will continue in full force and effect until amended or revoked by Applicant and written notice of the amendment or revocation is delivered to the TEXSTAR Board.

SECTION 4. Terms used in this resolution have the meanings given to them by the application."

2. **Agreement.** Applicant agrees with other TEXSTAR Participants and the TEXSTAR Board to the Terms and Conditions of Participation in TEXSTAR, effective on this date, which are incorporated herein by reference. Applicant makes the representations, designations, delegations, and representations described in the Terms and Conditions of Participation.



BANK INFORMATION SHEET

EFFECTIVE DATE: _____

Please check all that apply.

- Add new account Wire and ACH*
 Change Information Wire Only
 ACH Only*

Ector County Independent School District
 Participant Name
 802 N Sam Houston
 Street Address
 PO Box 3912
 Mailing Address
 Odessa TX 79760 Ector
 City State Zip County
 Tonya Tillman
 Primary Representative
 (432) 334-7105 (432) 334-0785
 Phone Fax

| Location | Series | Fund |
|--------------------|--------|------|
| ECISD-General Fund | | |
| Account Name | | |

INSTRUCTIONS

Bank Name: Bank One
 Bank Address: 3800 E 42nd Street
 City: Odessa State: TX Zip: 79762
 Bank ABA No. (9 digits): 111000614 Bank Account No.: 1595197300
 Bank Account Name: ECISD-General Fund Bank Contact: Thomas Blackstone
 Correspondent Bank (if any) Name/City: _____
 Bank ABA No: _____ Account Name: _____ Account No: _____

CONFIRM THE INSTRUCTIONS FOR WIRE AND ACH TRANSFERS WITH YOUR LOCAL BANK. ACH INSTRUCTIONS MAY VARY FROM YOUR BANK'S WIRING INSTRUCTIONS IF THE LOCAL BANK IS NOT ON-LINE WITH THE FEDERAL RESERVE. IF ACH INSTRUCTIONS DIFFER FROM WIRING INSTRUCTIONS, PLEASE COMPLETE AN ADDITIONAL BANK INFORMATION SHEET.

* If ACH availability is selected, I hereby authorize JP Morgan Chase to directly deposit and withdraw funds by means of ACH electronic transfer to and from the financial institution and the account designated above ("Designated Account"). I agree that this authorization may be withdrawn with at least 45-days advance written notice to TexSTAR Participant Services. I understand that TexSTAR reserves the right to discontinue ACH electronic transfer without advance notice. I also authorize JP Morgan Chase to deduct from the Designated Account or from subsequent deposits made to the Designated Account all amounts deposited in error. Likewise, I authorize JP Morgan Chase to credit all amounts withdrawn in error to Designated Account.

NOTE: This authorization must be executed by two current Authorized Representatives of the Participant as set forth in the duly enacted Resolution of the Participant which is on file with TexSTAR.

As a current Authorized Representative, I certify that the above information is both true and correct.

| | | | |
|-------------------------------------|---------------|--------------------------|---------|
| | Tonya Tillman | Director of Finance | 12/3/03 |
| Authorized Representative Signature | Printed Name | Title | Date |
| | David Harwell | Supervisor of Accounting | 12/3/03 |
| Authorized Representative Signature | Printed Name | Title | Date |

3. **Authorized Representatives.** Each of the following Participant officials is designated as Participants Authorized Representative authorized to give notices and instructions to the Board in accordance with the Agreement, the Bylaws, the Investment Policy, and the Operating Procedures:

| <u>Name</u> | <u>Signature</u> | <u>Title</u> | <u>Direct Phone</u> |
|---------------|----------------------|--------------------------|---------------------|
| Tonya Tillman | <i>Tonya Tillman</i> | Director of Finance | (432)334-7105 |
| David Harwell | <i>David Harwell</i> | Supervisor of Accounting | (432)334-7132 |
| Bruce Revell | <i>Bruce Revell</i> | Exec. Dir. for Business | (432)334-7119 |
| | | | |
| | | | |

The following Participant official listed above is designated as the Primary Contact and will receive all TexSTAR correspondence including transaction confirmations and monthly statements [required]:

| <u>Name</u> | <u>E-mail address</u> |
|-------------|-----------------------|
| | |

The following Participant official not listed above is designated as a Participant Inquiry Only Representative authorized to obtain account information [optional]:

| <u>Name</u> | <u>Signature</u> | <u>Title</u> |
|---------------|----------------------|---------------------|
| Tonya Tillman | <i>Tonya Tillman</i> | Director of Finance |

Applicant may designate other authorized representatives by written instrument signed by an existing Applicant Authorized Representative or Applicant's chief executive officer.

4. **Taxpayer Identification Number.** Applicant's taxpayer identification number is 75-6001362.....

5. **Bank Information Sheet(s).** The attached [insert quantity]¹..... Bank Information Sheet(s) is or are approved and incorporated herein by reference to establish account(s) in the name of Applicant.

Dated this

..... Ector County Independent School District
(Name of Applicant)

By:
(Signature of official)

.....
(Printed name and title)

Approved and accepted:

TEXAS SHORT TERM ASSET RESERVE FUND

By: FIRST SOUTHWEST ASSET MANAGEMENT, INC.,
Participant Services Administrator

By: Date:
Authorized Signer