

AUTHORIZED PERSONNEL INFORMATION

Participant/Entity Name: _____

Select one of the following:

- ☐ Activate New Authorized Individual for **Full** Rights (Complete Sections A, B, and D)
- ☐ Activate New Authorized Individual for **Limited** Rights (Complete Sections A, C, and D)
- ☐ De-Activate Existing Authorized Individual _____ (Insert Name and Complete Section D below.)

SECTION A: AUTHORIZED PERSONNEL INFORMATION

2. Please designate the ISDLAF Authorized Individual for your Entity:

Name: _____	Phone: _____
Fax: _____	Email: _____
Title: _____	Address: _____

SECTION B: ACCOUNT SECURITY/AUTHORITY - FULL RIGHTS

3. The above-named authorized person will have the authority to:

- Certify the Authorized Personnel at the Entity, and Specify the PMA GPS® Access Capabilities;
- Add, Change, Delete the Bank Information (ACH/Wire) ISDLAF has on File for the Entity;
- Open, Close, Change and Reactivate ISDLAF Account Information; and
- Move money (make purchases, redemptions, transfers and fixed rate investments.)

4. Account Authority:

- ☐ This authorization applies to all ISDLAF sub-accounts for my entity.
- ☐ This authorization only applies to the following accounts:

5. System Access:

- ☐ Yes, access to PMA GPS® is necessary; a username and password will be sent via email.
- ☐ No, access to PMA GPS® is not necessary at this time.

6. Email Notification:

- ☐ Yes, send an email when online statements and confirmations are available. To receive these emails, access to PMA GPS® must have been selected in the section above.
- ☐ No, do not send an email when online statements and confirmations are available.

SECTION C: ACCOUNT SECURITY / AUTHORITY - LIMITED RIGHTS (TRANSACTION OR VIEW ONLY)

7. Security:
- ☐ Yes, the authorized person is authorized to move money (SELECT ALL THAT APPLY)
- ☐ Purchases ☐ Redemptions ☐ Transfers
- ☐ No, the authorized person is not authorized to move money; VIEW ONLY access is requested.
8. Account Authority:
- ☐ This authorization applies to all ISDLAF sub-accounts for my entity.
- ☐ This authorization only applies to the following accounts:
- _____
9. System Access:
- ☐ Yes, access to PMA GPS® is necessary; a username and password will be sent via email and U.S. mail, respectively.
- ☐ No, access to PMA GPS® is not necessary at this time.
10. Email notification:
- ☐ Yes, send an email when online statements and confirmations are available. To receive these emails, access to PMA GPS® must have been selected in the section above.
- ☐ No, do not send an email when online statements and confirmations are available.

SECTION D: AUTHORIZATION

This section must be signed by either an authorized person as designated in the New Account Application, a Primary Contact or Authorized Personnel Information form, OR the new incumbent in an authorized position, accompanied by a copy of the board minutes covering the appointment/election of a new incumbent. (Please mark the appropriate section and black out salary and other confidential information.) The authorizations set forth on this form shall remain in full force and effect until the Fund receives written notification of a change.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone: _____

Email: _____

Send completed forms to your PMA representative or to gps@pmanetwork.com



BMO OLBB USER Questionnaire

Customer ID 20098798

ISDLAF Master Account Name: _____

ISDLAF Master Account Number: _____

OLBB User: NEW____ UPDATE____ REMOVE____

New BMO OLBB user contact (s) Information * required fields Move cursor in both the "Mobile Phone" and "District Group E-mail" section for additional information.

*Name _____

*Phone _____

*Mobile Phone _____

*Individual E-mail Address _____

District Group E-mail _____

*Address _____

1. Will the authorized BMO check signer(s) need to be updated? Yes____ No____

If yes, please complete the BMO Signature Card for each account.

2. Are you removing an existing OLBB user? Yes____ No____

Previous OLBB users name _____

Remove all e-mail alerts directed to e-mail address: _____

As of date to delete previous user on BMO OLBB? _____

Reassigning previous users token? Yes____ No____

Serial Number for reassigned token #: _____

Expiration Date: _____

3. BMO Key fob / Token

Hard token____ Soft token____

BMO Hard Token Mailing Address _____

4. Please confirm this new user should have access to the following on OLBB:

Yes____ No____ **Applicable BMO Accounts**

account(s): _____

- ✓ E-statement access (monthly statements)
- ✓ Account Reporting (Transactional search and previous day reporting)
- ✓ Stop Payments (If checks are written on the account)
- ✓ Check Imaging (If checks are written on the account)



5. **ACH Origination Options:** *Payroll or Vendor AP File (if applicable)*

Applicable BMO account(s): _____

District Group Email (if available): _____

a. **ACH Control Totals User:** Yes ____ No ____

This user will access OLBB ACH Control Totals Module to input ACH file item count and dollar amount for file accuracy and security.

b. **ACH File Upload Access via OLBB FTF Contact:** Yes ____ No ____

This user will receive access to upload the ACH file.

c. **ACH Reports via Secure Email Contact**

The ACH Reports that this user will receive via secure email are the following:

- ✓ **Return Report** - Details about return items and re-deposits as they are received. This report is usually generated within 1 to 2 days after item has been received.
- ✓ **Settlement Report** - Provides settlement totals for a given day. This report is generated at the end of the settlement day and sent the morning after the file is sent.
- ✓ **Deletion Report** - Provides notification that an item, batch or file was deleted or reversed. This report is generated at end of our end of day processing and sent the morning after the file has been sent.
- ✓ **Acknowledgement Report** - Confirms total debits, credits and number of batches received. This report is usually generated within minutes of receiving the file.
- ✓ **NOC Report** - Details about Notification of Changes (NOCs) as they are received. This report is usually generated within 1 to 2 days after the item has been received



6. Check Positive Pay Setup Options (if applicable)

Applicable BMO account(s): _____

District Group Email (if available):_____

- a. **Positive Pay Contact:** Yes _____ No _____

This user will use OLBB Recon Management to view and decision Positive Payee exceptions, add manual and void checks. They will also be the only ones authorized to contact the Positive Pay Unit via phone to discuss exceptions. The district can have as many users as needed for this option.

- b. **Email Alert Contact:** Yes_____ No_____

This user will receive a daily Positive Payee exception email alert. The district can have as many users as needed for this option, consider using a group email if available.

- c. **Positive Pay File Upload via OLBB FTF Contact:** Yes No

This user will receive access to upload the Positive Payee file. The district can have as many users as needed for this option.

- d. **Positive Pay File Confirmation via Secure Email Contact:** Yes ☐ No ☐

This user will receive an emailed confirmation when the bank receives a good Positive Payee file. Maximum of four users for this option, consider using a group email if available.

7. **ACH Fraud Filter Prevention Reports via Secure Email** (if applicable): Yes _____ No _____

Applicable BMO account(s): _____

District Group Email (if available):_____

This User will receive notification of attempted ACH debit report via secure email. The district can have as many users as needed for this option, consider using a group email if available.

Special Instructions:



District/ISDLAF Authorization to Add New User(s):

_____ Client Authorized Signer	_____ Signature	_____ Date
Laura A. Clarke _____ ISDLAF Authorized Signer	_____ Signature	_____ Date

BMO BANK N.A. Commercial Account Signature Record and Designation of Check Signers

<input type="checkbox"/> New Account <input type="checkbox"/> Maintenance Changes <input type="checkbox"/> This Signature Record will replace All Check Signers currently on file		
ACCOUNT NUMBER(S):		
NAME AND TITLE (Use additional Signature Records for more signers)		SIGNATURES (SIGN IN BLACK INK ONLY)
<input type="checkbox"/> Add Signer <input type="checkbox"/> Delete Signer <input type="checkbox"/> Manual <input type="checkbox"/> Facsimile	Name:	
	Title:	
<input type="checkbox"/> Add Signer <input type="checkbox"/> Delete Signer <input type="checkbox"/> Manual <input type="checkbox"/> Facsimile	Name:	
	Title:	
<input type="checkbox"/> Add Signer <input type="checkbox"/> Delete Signer <input type="checkbox"/> Manual <input type="checkbox"/> Facsimile	Name:	
	Title:	
<input type="checkbox"/> Add Signer <input type="checkbox"/> Delete Signer <input type="checkbox"/> Manual <input type="checkbox"/> Facsimile	Name:	
	Title:	
<input type="checkbox"/> Add Signer <input type="checkbox"/> Delete Signer <input type="checkbox"/> Manual <input type="checkbox"/> Facsimile	Name:	
	Title:	
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	Title:	
<input type="checkbox"/> Add Signer <input type="checkbox"/> Delete Signer <input type="checkbox"/> Manual <input type="checkbox"/> Facsimile	Name:	
	Title:	
<input type="checkbox"/> Add Signer <input type="checkbox"/> Delete Signer <input type="checkbox"/> Manual <input type="checkbox"/> Facsimile	Name:	
	Title:	

The signatures shown above are genuine specimens of person(s) authorized to withdraw or order payment of any of the funds deposited in the Bank, and to otherwise bind or obligate the Corporation, in such amounts and on such terms as such Person(s) may see fit, by signing, ratifying, or countermanding checks, drafts, bills of exchange, undertakings or other instruments, orders or agreements for the payment of money by manual and/or facsimile signature.

Client (Business) Name: _____

Authorized By*: X Dated: _____

Secondary Authorization By**: _____ Dated: _____

*This signature record requires authorization from an "Authorized Person" as listed in the Board Resolution, Certificate of Account Authorities or Certificate of Account Resolutions currently on file.

**Additional "Authorized Persons" may be required if indicated in the resolution.

Internal Use Only

Date Opened: _____

Date Revised: _____

Accepted By: _____

Phone: _____

Assigned To: _____