

**RIVER ROAD INDEPENDENT SCHOOL DISTRICT
BOARD OF EDUCATION
AMARILLO, TEXAS**

Subject: Additions & Deletions of Authorized Representatives for Investments **Date:** Monday, December 14, 2015

Presented By: Mike Jackson, Interim Superintendent **Related Page(s):** This page +9

ACTION

Background Information:

We need to change the authorized representatives with the school district's investment companies. The district currently has investment resolutions with Tex-Pool Participant Services, TexSTAR Participant Services, Texas CLASS and First Public/Lone Star Investment Pool.

We need to delete Randy Owen, Superintendent due to his resignation from the district.

We need to add Mike Jackson as the new Interim Superintendent as an authorized representative for the several different investment companies.

The current approved authorized representatives for the investment companies are Glenn Perky and Lori Vickers and they will remain as authorized representatives for investments. Lance Terrell business consultant from Region 16 ESC will remain as an inquiry only representative access to the investment companies.

Board Action Required:

To remove Randy Owen as an authorized representatives and approve to add Mike Jackson as an authorized representative for River Road ISD investment companies that the district is currently using.



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,

River Road Independent School District

Participant Name*

7 | 8 | 1 | 1 | 6

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. Mike Jackson

Name

Interim Superintendent

Title

806-381-7800/806-381-1357/Mike.Jackson@rrisd.net

Phone/Fax/Email

Signature

2. Glenn Perky

Name

President, Board of Trustees

Title

806-381-0024/no fax #/jandg4597@gmail.com

Phone/Fax/Email

Signature

1. Resolution (continued)

3.
 Name

 Title

 Phone/Fax/Email

 Signature

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 14th day December, 20 15.

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

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX-REP

2 OF 2



Authorized Representative Deletion Form

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

***Required Fields**

1. Participant Information

River Road Independent School District	7 8 1 1 6	1 2 1 4 2 0 1 5
Participant Name*	Location Number*	Effective Date*

2. Deletions

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

As Authorized Representative(s):

As Inquiry Only Representative(s):

1. Randy Owen

2.

3.

1.

2.

3.

3. Primary Contact

If the person being deleted is the Primary Contact, please provide the name of 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 specify below 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.

Authorized Representative Signature* | 1 | 2 | 1 | 4 | 2 | 0 | 1 | 5 |
Date*

Printed Name* | Glenn Perky | Telephone Number | 8 | 0 | 6 | 3 | 8 | 1 | 0 | 0 | 2 | 4 |

Title* | President, Board of Trustees |

Authorized Representative Signature* | 1 | 2 | 1 | 4 | 2 | 0 | 1 | 5 |
Date*

Printed Name* | Lori Vickers | Telephone Number | 8 | 0 | 6 | 3 | 8 | 1 | 7 | 8 | 0 | 1 |

Title* | Assistant Business Manager |

6. Mailing Instructions

The completed Authorized Representative Deletion Form can be faxed to TexPool Participant Services at 1-866-839-3291, or mailed to:

TexPool Participant Services
1001 Texas Avenue, Suite 1400
Houston, TX 77002

ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES



PARTICIPANT NAME: River Road I.S.D. EFFECTIVE DATE: 12/14/2015

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

1. Randy Owen 3. _____
2. _____ Inquiry: _____

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

1. Name: Mike Jackson Email: Mike.Jackson@rrisd.net
Signature: _____ Phone: 806-381-7800 Title: Interim Superintendent
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: Glenn Perky
Signature: _____
Title: President, Board of Trustees
2. Name: Lori Vickers
Signature: _____
Title: Assistant Business Manager
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 TexSTAR 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, TexSTAR 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 TexSTAR 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 TexSTAR for your entity, please contact TexSTAR Participant Services at 1-800-839-7827.

Document with original signatures is required.

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

Mail originals to TexSTAR Participant Services * 325 North St. Paul Street, Suite 800 * Dallas, Texas 75201



SIGNATORY AMENDMENT FORM

Participant # TX-01- 0473

Effective Date December 14, 2015

Individuals to be Added

Mr. Ms. Mike Jackson
First and Last Name

Interim Superintendent
Title

Signature of New Authorized Signer*

806-381-7800
Phone

Mike.Jackson@rrisd.net
Email

806-381-1357
Fax

Permissions **Representative**
 Authorized Signer to Move Funds* Yes
 Read Only Access

Email Notifications **Online Account**
 Monthly Statements Online User Access
 Transaction Confirmations

Note: One Representative required per account. If former Representative is removed a new Representative is needed.

Mr. Ms. _____
First and Last Name

Title

Signature of New Authorized Signer*

Phone

Email

Fax

Permissions **Representative**
 Authorized Signer to Move Funds* Yes
 Read Only Access

Email Notifications **Online Account**
 Monthly Statements Online User Access
 Transaction Confirmations

Note: One Representative required per account. If former Representative is removed a new Representative is needed.

Individuals to be Removed

Mr. Ms. Randy Owen
First and Last Name

Superintendent
Title

Mr. Ms. _____
First and Last Name

Title

The above changes have been duly approved by a current Authorized Signer:

Signature

December 14, 2015
Date

Lori Vickers
Printed Name

Assistant Business Manager
Title

Note: All completed forms should be sent to the Client Service team via the contact information listed below.



Authorized Representative Add Form

Name of Participant River Road Independent School District

Addition of Authorized Representative

The following officers, officials, or employees of the Participant are hereby designated as Authorized Representatives within the meaning of the Inter-local Agreement (Agreement), with 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>Mike Jackson</u>	_____	_____
Title	<u>Interim Superintendent</u>	_____	_____
E-mail address	<u>Mike.Jackson@rrisd.net</u>	_____	_____
Signature	_____	_____	_____

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 Representative, each Investment Officer of Lone Star appointed by the Lone Star Investment Pool 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 14th day of December, 2015.

By: _____ By: _____
Glenn Perky Amanda Brown
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 River Road Independent School District

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

Randy Owen

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

_____ **Date** _____

Lori Vickers Assistant Business Manager

Printed Name and Title