



Resolution
Authorizing Participation in the TexPool Investment Pools
And Designating Authorized Representatives

WHEREAS, City of Shoreacres, Texas - Location 77640

("Participant") is a local government or state agency of the State of Texas and is empowered to delegate to the public funds investment pools 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 Pools ("**TexPool/TexPool Prime**"), public funds investment pools, were created on behalf of entities whose investment objectives 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 Participant shall enter into a Participation Agreement to establish an account in it's name in **TexPool/TexPool Prime**, for the purpose of transmitting local funds for investment in **TexPool/TexPool Prime**.
- B. 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.

List of the authorized representatives of the Participant. These individuals will be issued P.I.N. numbers to transact business via the phone with a Participant Service Representative.

- 1. Name: David K. Stall Title: City Secretary
Phone/Fax/Email: 281.471.2244 / 281.471.8955 / administrator@cityofshoreacres.us
Signature: _____
- 2. Name: Kimberly Sanford Title: Mayor
Phone/Fax/Email: 281.471.2244 / 281.471.8955 / mayor@cityofshoreacres.us
Signature: _____
- 3. Name: David Jennings Title: Mayor pro tem
Phone/Fax/Email: 281.471.2244 / 281.471.8955 /
Signature: _____
- 4. Name: _____ Title: _____
Phone/Fax/Email: _____
Signature: _____

5. Name: _____ Title: _____
Phone/Fax/Email: _____
Signature: _____

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

Name: David K. Stall

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

6. Name Kimberly Sanford Title Mayor
Phone/Fax/Email: 281.471.2244 / 281.471.8955 / mayor@cityofshoreacres.us

C. That this resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until **TexPool/TexPool Prime** 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 16th Day of May, 20 16.

NAME OF PARTICIPANT City of Shoreacres, Texas

BY: _____
Signature
Kimberly Sanford
Printed Name
Mayor
Title

ATTEST: _____
Signature
David K. Stall
Printed Name
City Secretary
Title



OFFICIAL SEAL