



# Resolution Amending Authorized Representatives

Please complete this form to amend or designate Authorized Representatives. This document supersedes all prior Authorized Representative forms.

## \* Required Fields

### 1. Resolution

WHEREAS,

City of Coppell

Participant Name\*

77345

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:

- 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.
- 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
- 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. Kim Tiehen Director of Finance

Name

Title

9723043693

9723043571

ktiehen@coppelltx.gov

Fax

Email

Signature

2. Mary Huning Chief Accountant

Name

Title

9723043556

9723043571

mhuning@coppelltx.gov

Phone

Email

Signature

3. Vanessa Tarver Controller

Name

Title

9273043690

9723043571

vtarver@coppelltx.gov

Phone

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.

Kim Tiehen, Director of Finance  
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.

Michael Land City Manager  
Name Title

9 7 2 3 0 4 3 6 6 2 9 7 2 3 0 4 3 5 7 1 mland@coppelltx.gov  
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 26 day of April, 2022.

**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\*

Mayor  
Title\*

### ATTEST

Signature\*

Printed Name\*

City Secretary  
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 1150  
Houston, TX 77002



## Authorized Representative Deletion/Update Form

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

### \*Required Fields

#### 1. Participant Information

City of Coppell  
Participant Name\*

77345  
Location Number\*

03012022  
Effective Date\*

#### 2. Deletions

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

##### As Authorized Representative(s):

1. Jennifer Miller  
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.*

Kim Tiehen  
Name

Director of Finance  
Title

9723043693  
Telephone Number

9723043571  
Fax Number

ktiehen@coppelltx.gov  
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. **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\*

Date\*

Kim Tiehen  
Printed Name\*

9	7	2	3	0	4	3	6	9	3
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Telephone Number

Director of Finance

\_\_\_\_\_

Date\*

Mary Huning  
Printed Name\*

9	7	2	3	0	4	3	5	5	6
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Telephone Number

Chief Accountant

Title\*

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Houston, TX 77002