



IPASonline Authorized Users Form

Name of Corporation, Partnership, Entity or Trust _____

I hereby certify that I am authorized by the aforementioned Corporation, Partnership, Entity or Trust, and am empowered to assign and appoint others as Authorized Users of IPASonline to invest and withdraw available moneys periodically for said Corporation, Partnership, Entity or Trust in accordance with the Joint Powers Agreement and Declaration of Trust. I hereby assign the following users empowered to act on all Trust accounts unless otherwise stated below:

| | |
|-------------------------------|-------------------------|
| _____ Authorized Signature | _____ Printed Name |
| _____ Email Address | _____ Official Title |
| _____ Phone | |

Witness my hand hereto affixed this _____ day of _____, _____.
Subscribed and sworn before me on this _____ day of _____, _____.

Signature of Notary Public

Authorized Users List:
(attach an additional form if more than three Authorized Users are being named)

1

| | |
|---|-------------------------|
| _____ Signature | _____ Printed Name |
| _____ Email Address | _____ Official Title |
| _____ Phone | |
| <input type="checkbox"/> Authorized for Transactions or <input type="checkbox"/> View Only Access | |

2

| | |
|---|-------------------------|
| _____ Signature | _____ Printed Name |
| _____ Email Address | _____ Official Title |
| _____ Phone | |
| <input type="checkbox"/> Authorized for Transactions or <input type="checkbox"/> View Only Access | |

3

| | |
|---|-------------------------|
| _____ Signature | _____ Printed Name |
| _____ Email Address | _____ Official Title |
| _____ Phone | |
| <input type="checkbox"/> Authorized for Transactions or <input type="checkbox"/> View Only Access | |

Name/Address of Person to Receive Statements:

| | |
|---|--------------------------|
| _____ Name of Person to receive Statements | _____ Mailing Address |
| | _____ City/State |
| | _____ Zip Code |

Mail this completed form to:
Iowa Public Agency Investment Trust
IPAIT Administrator
1415 28th Street, Suite 200
West Des Moines, IA 50266-1461

**If you have questions, call an IPAIT Administrator
800-872-4024.**