



**AUTHORIZED USERS
for
IPASonline
(For Corporate and Public Accounts)**

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 Users List:

1

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

2

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

3

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

Attach an additional form if more than three Authorized Users are being named.

_____ Name of Person to receive Statements	By: _____ Authorized Signature
_____ Mailing address to receive statements	_____ Printed Name
_____ City/State _____ Zip Code _____	_____ Official Title _____ Phone _____

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

Signature of Notary Public

Mail this completed form to: Iowa Public Agency Investment Trust IPAIT Administrator 1415 28 th Street, Suite 200 West Des Moines, IA 50266-1461	If you have questions, call an IPAIT Administrator at 800-872-4024.
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