
**IOWA PUBLIC AGENCY INVESTMENT TRUST (IPAIT)
RESOLUTION**

FORM A

Date _____

A RESOLUTION AUTHORIZING THE APPROVAL OF AND PARTICIPATION IN A JOINT POWERS AGREEMENT AND DECLARATION OF TRUST FOR THE IOWA PUBLIC AGENCY INVESTMENT TRUST, AUTHORIZING INVESTMENTS THROUGH THE FIXED TERM AUTOMATED INVESTMENT PROGRAM OF IPAIT AND AUTHORIZING IPAIT TO DESIGNATE AND NAME DEPOSITORIES.

WHEREAS, Iowa Code section 28E.1 permits political subdivisions to make efficient use of their powers by enabling them to provide joint services with other Public Agencies and to cooperate in other ways of mutual advantage, and to exercise and enjoy jointly any powers, privileges or authority exercised or capable of being exercised by one Public Agency of this state or private agencies for the joint or cooperative action; and

WHEREAS, Iowa Code sections 331.555 and 384.21 empowers Cities, City Utilities, and Counties to invest their monies pursuant to a joint investment agreement; and

WHEREAS, the City of Fairfield, the Maquoketa Municipal Utility, and Buchanan County are political subdivisions organized and existing under and by virtue of the laws and Constitution of the State of Iowa and have approved the Joint Powers Agreement and Declaration of Trust and thereby they have established the Iowa Public Agency Investment Trust as of October 1, 1987, and amended as of May 1, 1993; and

WHEREAS, this Governing Body desires to adopt and enter into the Joint Powers Agreement and Declaration of Trust, and it is in the best interest of this Governing Body to participate in the Iowa Public Agency Investment Trust for the purpose of joint investment of monies with other cities, city utilities and counties to enhance investment earnings to each; and

WHEREAS, this Governing Body deems it to be advisable for this Public Agency to make use, from time to time, of the Fixed Term Automated Investment Program available to Participants of IPAIT;

NOW, THEREFORE, BE IT RESOLVED:

Section 1. The Joint Powers Agreement and Declaration of Trust is approved and adopted. This Public Agency joins with the other public agencies in accordance with the Joint Powers Agreement and Declaration of Trust, as amended, (the "Declaration of Trust") which is incorporated herein by reference with the same effect as if it had been set out in this resolution by becoming a Participant of IPAIT. The Joint Powers Agreement and Declaration of Trust is filed in the minutes of the meeting at which this Resolution is adopted. The authorized officials of this Public Agency are directed and authorized to take such actions and execute documents as may be deemed necessary and appropriate to effect the entry of this Public Agency into the Declaration of Trust and adoption thereof by this Public Agency and to carry out the intent and purpose of this Resolution.

Section 2. This Public Agency is authorized to invest its available monies from time to time and to withdraw such monies from time to time in accordance with the provisions of the Declaration of Trust and the Fixed Term Automated Investment Program of IPAIT.

Payment for any investments made within the Fixed Term Automated Investment Program is authorized from the Public Agency's specified IPAIT Account. Interest and principal payments must be credited to the Public Agency's designated Trust Account. The Custodian will hold investments in the name of IPAIT for the account of the Public Agency.

The following officers and officials of this Public Agency and their respective successors in office each are designated as "Authorized Officials" with full power and authority to effectuate the investment and withdrawal of monies with this Public Agency from time to time in accordance with the Joint Powers Agreement and Declaration of Trust.

_____	_____
Printed Name	Title
_____	_____
Printed Name	Title
_____	_____
Printed Name	Title

IPAIT must be advised of any changes in Authorized Officials in accordance with procedures established by IPAIT.

Section 3. The Trustees of IPAIT are designated as having official custody of this Public Agency's monies which are invested in accordance with the Joint Powers Agreement and Declaration of Trust and any monies invested in accordance with the Trust's Fixed Term Automated Investment Program.

Section 4. IPAIT is authorized to designate and name depositories, to execute documents, and to take actions as may be necessary to purchase and make payment, sell, secure, or take payment of principal and interest. Certificates of deposit must be purchased only from financial institutions designated by IPAIT which are approved depositories as prescribed by Iowa Code chapters 12B and 12C.

Section 5. Authorization is given for members and officials of this Public Agency to serve as Trustees of IPAIT from time to time if selected as such pursuant to the provisions of the Declaration of Trust.

Section 6. Unless otherwise expressly defined, words that are capitalized in the Resolution have meanings defined in the Joint Powers Agreement and Declaration of Trust.

Passed and approved this _____ day of _____, _____.

_____	_____
Name of Public Agency	Signature of Presiding Officer

ATTEST:

Clerk/Secretary

NOTE: Please mail one original copy of this form and the certification and a completed application Form B to the following address:

Miles Capital
1415 28th Street, Suite 200
West Des Moines, Iowa 50266-1461

This form may be photocopied.

IOWA PUBLIC AGENCY INVESTMENT TRUST

FORM A CERTIFICATE

STATE OF IOWA)
) SS:
COUNTY OF)

I, the undersigned of _____, State of Iowa, do certify that
(Name of Public Agency)
attached is a complete copy of the portion of the records of the Governing Body of the named Public Agency, and the same is a complete copy of the action taken by the Governing Body of the Public Agency with respect to this matter at the meeting held on this date; these proceedings remain in full force and effect and have not been amended or rescinded in any way; that this meeting and all action was publicly held in accordance with notice of public meeting and tentative agenda, a copy of which was timely served on each member of the Governing Body of the Public Agency and posted on a bulletin board or other prominent place easily accessible to the public clearly designated for that purpose, at the principal office of the Governing Body and in accordance with the provisions of Iowa Code chapter 21, with at least 24 hours advance notice to the public and media as required by law and with members of the public present in attendance.

I further certify that the individuals named therein were on this date lawfully possessed of their respective offices as indicated, that no vacancy existed except as may be stated in proceedings, and that no controversy or litigation is pending, prayed or threatened involving the incorporation, organization, existence or boundaries of the Public Agency or the right of the individuals named herein as officers to their respective positions.

WITNESS my hand hereto affixed this _____ day of _____, _____.

By _____
(Clerk/Secretary for Public Agency)

Subscribed and sworn to before me on this _____ day of _____, _____.

By _____
(Notary Public)

**IOWA PUBLIC AGENCY INVESTMENT TRUST
APPLICATION FORM**

FORM B

I. BASIC INFORMATION

Name of Public Agency: _____

(Check one) City City Utility County 28E Organization Other: _____

(Check all appropriate box (es) Member of: ILC IAMU ISAC

Federal Identification Number _____

Contact Person and Title _____

Address _____

Telephone Number (_____) _____ - _____

IF INITIAL INVESTMENT IS ENCLOSED, PLEASE INDICATE AMOUNT \$ _____
(Payable to Iowa Public Agency Investment Trust)

II. NEW ACCOUNT INFORMATION

Authorization is hereby given to Miles Capital, as IPAIT Administrator, to open the following Iowa Public Agency Investment Trust Account(s).

Name to appear on IPAIT Account (e.g. General Fund, etc.)* _____

Name and Address of Local Depository for funds transfer _____

Local Depository Account Number _____

checking savings

(For your protection, only one depository account may be accessed per IPAIT account)

Depository's ABA Routing Number _____

(This number can be obtained from bottom of blank check or by calling your depository)

III. DEPOSIT/WITHDRAWAL INFORMATION AND AUTHORIZATION

Authorization is given to Miles Capital, as the IPAIT Administrator, to honor any request believed to be authentic for investment to or withdrawal from IPAIT. Monies will be transferred only upon telephone, written or personal notice from an Authorized Official of the Public Agency. Upon notification, the Administrator will initiate debit and credit entries to the local depository account(s) indicated and the local depository(ies) are authorized to debit and credit the same to such account(s). Transfer must be made by Automated Clearinghouse Transfer (ACH), if available, unless otherwise directed by the Public Agency. There is no direct charge for ACH transfers.

IV. INFORMATION STATEMENT AND DECLARATION OF TRUST

It is hereby certified that the Public Agency has received a copy of the Information Statement of IPAIT and a copy of the Joint Powers Agreement and Declaration of Trust and agrees to be bound by the terms of such documents.

V. EFFECTIVENESS OF APPLICATION FORM

The information, certifications and authorizations set forth on this application shall remain in full force and effect until the IPAIT Administrator receives written notification of a change.

VI. AUTHORIZED SIGNATURES

The following are Authorized Officials (as designated in Resolution - Form A) of this Public Agency to effectuate the investment and withdrawal of monies of this Public Agency from time to time in accordance with the Joint Powers Agreement and Declaration of Trust.

Name of Public Agency _____

Printed Name / Official Title

Signature

Printed Name / Official Title

Signature

Printed Name / Official Title

Signature

Printed Name / Official Title

Signature

VII. APPLICATION SIGNATURE

Application is hereby made this _____ day of _____, _____.

Name: _____ Title: _____

Signature _____

This application form must be signed by an official authorized by Resolution to Transact business with IPAIT. (See Resolution Form A for Authorized Officials)

Mail this form along with **FORM A** to:

MILES CAPITAL
1415 28th Street, Suite 200
West Des Moines, Iowa 50266-1461

This form may be photocopied

**For Additional IPAIT Accounts, Use Space Provided On Supplemental Form B.*

IOWA PUBLIC AGENCY INVESTMENT TRUST
SUPPLEMENTAL B APPLICATION FORM

Complete the following information for each additional IPAIT account to be opened.

Name of Public Agency _____

Name to appear on IPAIT Account (e.g. General Fund, etc.) _____

Name and Address of Local Depository for funds transfer _____

Local Depository Account Number _____ checking savings
(For your protection, only one depository account may be accessed per IPAIT account)

Depository's ABA Routing Number _____
(This number can be obtained from bottom of blank check or by calling depository)

Name to appear on IPAIT Account (e.g. General Fund, etc.) _____

Name and Address of Local Depository for funds transfer _____

Local Depository Account Number _____ checking savings
(For your protection, only one depository account may be accessed per IPAIT account)

Depository's ABA Routing Number _____
(This number can be obtained from bottom of blank check or by calling depository)

Name to appear on IPAIT Account (e.g. General Fund, etc.) _____

Name and Address of Local Depository for funds transfer _____

Local Depository Account Number _____ checking savings
(For your protection, only one depository account may be accessed per IPAIT account)

Depository's ABA Routing Number _____
(This number can be obtained from bottom of blank check or by calling depository)

Signature of Authorized Official

Signature of Authorized Official

*Two signatures required

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 at 800-872-4024.

Iowa Public Agency Investment Trust

Consent for Electronic Notification of Statements

IPAIT is pleased to offer the convenience of viewing transaction activity statements through IPASonline™. An email containing a link to IPASonline™ will be sent to the email address(es) below when your daily and monthly transaction activity statements are processed and become available on the Internet. The email(s) will be sent instead of the printed statement.

Statement notification should be sent to:

<hr/> Name of Entity	<hr/> Phone
1	4
<hr/> Email Address	<hr/> Email Address
2	5
<hr/> Email Address	<hr/> Email Address
3	6
<hr/> Email Address	<hr/> Email Address

I authorize IPAIT to send an email notification of daily and monthly transaction activity statements to the email address(es) listed above.

By: _____
Authorized Signature

Date _____

Printed Name

Official Title