



IPASonline Authorized Users

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

Phone

Official Title

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 / Official Title

Email Address

Phone

Authorized for Transactions or View Only Access

2

Signature

Printed Name / Official Title

Email Address

Phone

Authorized for Transactions or View Only Access

3

Signature

Printed Name / Official Title

Email Address

Phone

Authorized for Transactions or 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.**