

## Authorizing Resolution For Participation in the Local Government Surplus Funds Trust Fund (Florida PRIME)

| WHEREAS,  | ("Participant")   |
|---|---|
| is (check one or more, as applicable)   |   |
| [□] a governmental entity within the State of Florida not part of state gove without limitation, the following and the officers thereof: any county, municipality, sch district, clerk of circuit court, sheriff, property appraiser, tax collector, supervisor of e board, public corporation, or any other political subdivision of the State of Florid Section 218.403(11), Florida Statutes and as authorized by Sections 218.407 and 2 Statutes;   | ool district, special<br>lections, authority,<br>a, as described in |
| [□] a state agency as described in Section 216.011, Florida Statutes, as auth 215.44(1), Florida Statutes;  | norized by Section  |
| [  ] a Board of Trustees of a state university or college, as authorized by   | Section 215.44(1),  |
| Florida Statutes; or [  ] a direct support organization of any of the foregoing, as authorized by Florida Statutes.   | Section 215.44(1),  |
| and is empowered to delegate to the State Board of Administration of Florida the legally available funds in the Local Government Surplus Funds Trust Fund (Florida PR custodian of investments purchased with such investment funds; and  | •   |
| <b>WHEREAS</b> , it is in the best interest of the Participant to invest its legally available furthat provide for safety, liquidity, and competitive returns with minimization of rischapter 218.405, Florida Statutes; and  |   |
| <b>WHEREAS</b> , the Florida Local Government Surplus Funds Trust Fund (Florida PRIM investment pool, was created on behalf of entities whose investment objectives, in or safety, liquidity, and competitive returns, consistent with the Chapter 218.405, Florida State of the Chapter 218.405, Florida State | der of priority are   |
| <b>NOW THEREFORE</b> , be it resolved as follows:   |   |
| A. That Participant approves this Authorizing Resolution and hereby requests the exaccount in its name in Florida PRIME, for the purpose of transmitting funds that the determined to be legally available for investment in Florida PRIME.   |   |
| B. That the individual, whose title is representative of the Participant and is hereby authorized to transmit funds for investigation.  | _, is an authorized estment in Florida                              |

PRIME and is 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 the Participant's funds.

The authorized representative identified above shall execute a Participant Account Maintenance Form (PAMF) containing a list of the authorized representatives to initiate transactions, bank account wiring instructions, and individuals authorized to make changes to account information. A revised PAMF may be submitted with changes to authorized individuals without the necessity to complete a new Authorizing Resolution.

C. That this Authorizing Resolution shall continue in full force and effect until amended or revoked by the Participant and until Florida PRIME receives an original document of any such amendment or revocation.

| This resolution applicable) held of |                   | luced and adopted by the Participant at its regu | lar/special meeting (if |
|-------------------------------------|-------------------|--|-------------------------|
| the Day of                          | Ī                 | , 20   |                         |
| PARTICIPANT                         | 'NAME:            |  | _                       |
| BY:                                 | Signature         |  | -                       |
|                                     | Printed Name      |  | -                       |
|                                     | Title             |  | -                       |
| (By signing the Participant)        | above, I attest I | am authorize to execute this Authorizing Resolu  | ution on behalf of the  |
| ATTEST:                             | Signature         |  |                         |
|                                     | Printed Name      |  |                         |
|                                     | Title             |  |                         |
|                                     |                   |  |                         |
| SEAL:                               |                   |  |                         |