# APR 8 2019 Approved

Submission Deadlin	
SUBMITTED BY: Kathy B TODAY'	Blackwell S DATE: 3/28/19
DEPARTMENT: Treasure	r & Auditor
SIGNATURE OF DEPART	MENT HEAD:
REQUESTED AGENDA DA	<u>ATE</u> : 4/8/19
SPECIFIC AGENDA WORI	DING:
Consideration of:	
	g Participation in the TexPool Investment Pools and
Designating Authorized 2. TexPool Investment Pool	Representatives. ols Participation Agreement.
	te in TexasCLASS Investment Pools and Designating
3. Resolution to Participat	ic in 1 caasedads investment 1 dois and Designating
Authorized Representat	tives.
Authorized Representate 4. Execution of required T	tives.  Frust Agreement with TexasCLASS and any
Authorized Representate 4. Execution of required Tattachments or exhibits	tives.  Frust Agreement with TexasCLASS and any attached thereto.
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#### **Welcome to Texas CLASS**

We believe you have made a sound financial decision in choosing the Texas Cooperative Liquid Assets Securities System Trust (Texas CLASS). We look forward to being your trusted provider and are excited to connect with you to make your investment process a positive, easy experience.

Texas CLASS is a short-term, highly liquid investment program designed specifically for public-sector funds. It provides the opportunity to invest funds on a cooperative basis in short-term investments that are carefully selected to provide maximum safety and liquidity while generating a competitive yield.

This packet contains all the materials necessary to set up your Texas CLASS account(s). If you have any questions about the registration process or about your Texas CLASS account(s), please do not hesitate to contact us. The Texas CLASS Client Service team can be reached any business day from 8:30 a.m. to 4:30 p.m. CST by phone at (800) 707-6242 or by email at <a href="mailto:clientservices@texasclass.com">clientservices@texasclass.com</a>.

Thank you for choosing Texas CLASS!

Sincerely,

The Texas CLASS Board of Trustees



### **Registration Procedures**

#### To join Texas CLASS, please complete the following:

- 1) Read the Trust Agreement (A copy can be found on www.texasclass.com).
- 2) Pass the resolution authorizing participation in Texas CLASS (page 3 and 4).
- 3) Adopt the Trust Agreement by signing Exhibit D (page 5).
- 4) Complete the Entity Registration (page 6).
- 5) Complete the Authorized Contacts Form (page 7/8).
- 6) Complete the Account to be Established Form; you may open as many accounts as you wish (page 9).
- 7) Keep the original forms for your records and send the completed packet to the Texas CLASS Client Service team by fax (855) 848-9910 or by email <u>clientservices@texasclass.com</u>

#### Questions? Please contact us; we would love to hear from you!

Texas CLASS Client Service Team T (800) 707-6242 clientservices@texasclass.com



## **Resolution to Participate**

WHEREAS, the Public Funds Investment Act, Texas Government Code, Section 2256.001 et seq. (the Act) requires the governing body of each local government in this state to adopt investment policies in accordance with the terms of the Act; and

WHEREAS, pursuant to the requirements of the Act, the Board of Trustees (the Governing Body) of the JOHNSON COUNTY (the Local Government) has previously reviewed and adopted an investment policy (the Policy) that provides in part that the funds of the local government will be invested in investments permitted by the Act in order to: (i) invest only in investments legally permitted under Texas law; (ii) minimize risk by managing portfolio investments so as to preserve principal and maintain a stable asset value; (iii) manage portfolio investments to ensure that cash will be available as required to finance operations; and (iv) maximize current income to the degree consistent with legality, safety, and liquidity; and

WHEREAS, pursuant to the Policy and the Act, the Local Government has appointed KATHY BLACKWELL & J.R. KIRKPATRICK (the Investment Officer) to act as the investment officer of the Local Government; and

WHEREAS, the Act provides that funds under the control of a Local Government may be invested through investment pools meeting the standards of Section 2256.016 of the Act; and

WHEREAS, the Local Government has received and reviewed the Information Statement, dated December 2016 (the Information Statement), of Texas Cooperative Liquid Assets Securities System, an investment pool administered by Public Trust Advisors, LLC (the Program) which sets forth the information required by Section 2256.016(b) of the Act; and

WHEREAS, the Local Government has determined that the investments proposed to be acquired by the Program are of a type that are permitted by the Act and are consistent with the Policy; and

WHEREAS, the Local Government has determined that an investment in the Program will assist the Local Government in achieving the goals set forth in the Policy and will tend to preclude imprudent investment activities arising out of investment transactions conducted between the Local Government and the Program; and

WHEREAS, the Local Government understands that the Program operates through the Seventh Amended and Restated Trust Agreement dated as of August 5, 2016 (the Trust Agreement), which provides the terms on which the Program will operate and the rights of the participants in the Program and sets forth the responsibilities of Public Trust Advisors, LLC as the administrator of the Program (the Administrator), and of Wells Fargo Bank as custodian (the Custodian);



#### Texas Cooperative Liquid Assets Securities System Trust

#### NOW THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE LOCAL GOVERNMENT:

That the form, terms, and provisions of the Trust Agreement, a draft of which was presented and reviewed at this meeting, providing for the creation of the Program and for the rights of the Program participants and the duties and responsibilities of the Administrator, be and the same are hereby approved and adopted; and that the Investment Officer be and he or she is hereby authorized and directed to execute and deliver to the Administrator and the Custodian in the name and on behalf of the Local Government, a participation certificate evidencing the agreement of the Local Government to be bound by the Trust Agreement substantially in the form of the Trust Agreement reviewed and approved at this meeting, together with such changes therein as may be approved by the said officer, such approval to be conclusively evidenced by the execution thereof; and be it further

Resolved that the investment program established by the Trust Agreement is hereby found and determined to be consistent with the Policy and to preclude imprudent investment activities arising out of investment transactions conducted between the Local Government and the Program; and be it further

Resolved that the Governing Body hereby officially finds and determines that the facts and recitations contained in the preamble of this Resolution are true and correct; and be it further

Resolved that the Governing Body hereby finds and declares that written notice of the date, hour, place, and subject of the meeting at which this Resolution was adopted was posted for the time required by law preceding this meeting and that such meeting was open to the public as required by law at all times during which this Resolution and the subject matter thereof were discussed, considered, and formally acted upon all as required by the Open Meetings Act, Chapter 551, Texas Government Code, as amended, and the Act; and be it further

Resolved that the officers of the Local Government, and each of them, shall be and each is expressly authorized, empowered, and directed from time to time to do and perform all acts and things and to execute, acknowledge, and deliver in the name and under the corporate seal and on behalf of the Local Government all certificates, instruments, and other papers, whether or not herein mentioned, as they may determine to be necessary or desirable in order to carry out the terms and provisions of this Resolution and of the Trust Agreement hereby authorized and approved, such determination to be conclusively evidenced by the performance of such acts and things and the execution of any such certificate, financing statement, instrument or other paper; and be it further

Resolved that this Resolution shall take effect and be in full force and effect upon and after its passage.





# **Exhibit D - Participation Certificate**

Agreement (the Agreement) as Custodian, and Public Tru	ticipent pursuant to Section dated as of August 5, 2016 set Advisors, LLC. By exection hereof by the Program	(the Local Government) does hereby reque in 2.3 of the Seventh Amended and Restated Tru i, by and between the Participants, Wells Fergo Bar uting this Participation Cartificate, the undersigned in Administrator, it will become subject to the same executed the Agreement.
	· · · · · · · · · · · · · · · · · · ·	CKWELL & J.R. KIRKPATRICK (the Investment Office and as required by the Agreement.
		ning body has taken all actions required by Section Sovernment Code, for it to participate in the Tru
JOHNSON COUNTY Entity Nan	ne	
Remarks Signature	04/08/19 Date	COUNTY JUDGE Title
Accepted by Administrator (to		•
	04/22/2019	Texas CLASS Administrator
Signature	Date	Title



# **Trust Registration**

Entity Name (Participant) JOHNSON COUNTY	
Entity Type: City/Town County  Other (Specify)	] School District [] Special District
Mailing Address 2 N. MAIN ST. SUITE 312	
City CLEBURNE Zip 76033	County JOHNSON
Tax ID 75-6001030 Fiscal Year (Month/Da	ay)
The <u>JOHNSON COUNTY</u> (the Local portfolio:	Government) hereby wishes to invest in the following
☐ Texas CLASS ☐ Texas CLASS Government ☐ Both	
Texas CLASS is hereby authorized to honor any telepauthentic for withdrawal of funds. The withdrawal probelow unless changed by written instructions. Each I CLASS of any changes to its account.	oceeds can be sent only to the bank(s) indicated
Banking Information Bank Name FIRST FINANCIAL BANK	Deals Death - New Low (ADA) 111204100
Dalik Maille Tillott in Aldon C Driak	Bank Routing Number (ABA) 111301122
Account Title GENERAL	Account Number 176198
Bank Contact MILLIE MCMANAWAY	Contact's Phone Number 817-202-3186
Additional Banking Information (Optional)	
Bank Name	Bank Routing Number (ABA)
Account Title	Account Number
Bank Contact	Contact's Phone Number



## **Authorized Contacts**

Representative and Authorized Sign	ner		
Mr. [ ] Ms	······································		
Print First and Last Name		Title	
Signature Required		Phone	
Email	** * * * * * * * * * * * * * * * * * *	Fax	
Email Notifications	Online Accor	unt	
Monthly Statements	Online Us	er Access	
☐ Transaction Confirmations			
Additional Contact (Optional)			
Mr. Ms. KATHY M. BLACKWELL		COUNTY TREASURER	
Print First and Last Name		Title 817-556-6341	
*(Signature Required if Authorized Signer) kathyb@johnsoncountytx.org		Phone 817-558-6342	
Email		Fax	
Permissions (must check one)	Email Notific	cations	Online Account
☑ Authorized Signer to Move Funds*	Monthly St	atements	Online User Access
Read-Only Access	✓ Transaction	n Confirmations	
Additional Contact (Optional)			
☑ Mr. ☐ Ms. J. R. KIRKPATRICK		COUNTY AUDITOR	
Print First and Last Name		Title 817-556-6305	
*(Signature Required if Authorized Signer) kirkkirkpatrick@johnsoncountytx.org		Phone 817-556-6075	
Email		Fax	
Permissions (must check one)	Email Notific	cations	Online Account
Authorized Signer to Move Funds*	Monthly St	atements	✓ Online User Access
Read-Only Access	☑ Transaction	n Confirmations	



# **Authorized Contacts (cont.)**

Additional Contact (Optional)				
Mr. Ms. NORMAN BUCK		ACCOUNTING MANAGER Title 817-556-6305		
Print First and Last Name				
*(Signature Required if Authorized Signer)		Phone 817-556-6075		
Email		Fax		
Permissions (must check one)	Email Notifi	cations	Online Account	
☐ Authorized Signer to Move Funds*	Monthly S	tatements	☑ Online User Access	
Read-Only Access	✓ Transactio	n Confirmations		
Additional Contact (Optional)				
☐ Mr. ☐ Ms				
Print First and Last Name		Title		
*(Signature Required if Authorized Signer)		Phone		
Email	<del></del>	Fax		
Permissions (must check one)	Email Notifi	cations	Online Account	
☐ Authorized Signer to Move Funds* ☐ Monthly S		tatements	Online User Access	
Read-Only Access	Transactio	n Confirmations		
Additional Contact (Optional)				
☐ Mr. ☐ Ms				
Print First and Last Name		Title		
*(Signature Required if Authorized Signer)		Phone	Maka da mandan Mada Mada da	
Email		Fax		
Permissions (must check one)	Email Notifi	cations	Online Account	
☐ Authorized Signer to Move Funds*	Monthly S	tatements	Online User Access	
Read-Only Access	Transactio	n Confirmations		



## **Accounts to be Established**

Entity Name: JOHNSON COUNTY	
Texas CLASS Accounts  Desired Subaccount Name(s)*:  (To be completed by Participant)	Texas CLASS Government Accounts  Desired Subaccount Name(s)*:  (To be completed by Participant)
TX-01-0263-0001	TX-01-0263-4001
TX-01-0263-0002	TX-01-0263-4002
TX-01-0263-0003	TX-01-0263-4003
TX-01-0263-0004	TX-01-0263-4004
TX-01-0263-0005	TX-01-0263-4005
TX-01-0263-0007	TX-01-0263-4007
TX-01-0263-0008	TX-01-0263-4008
TX-01-0263-0010	TX-01-0263-4010
TX-01-0263-0012	TX-01-0263-4012
TX-01-0263-0013	TX-01-0263-4013
TX01-0263-0014	TX-01-0263-4014

<sup>\*</sup>Name must be limited to 30 characters.