



1. Certification of Authorized Individuals

I, _____(Name) hereby certify that the following are authorized: to add or delete users to access and/or transact with PTIF accounts; to add, delete, or make changes to bank accounts tied to PTIF accounts; to open or close PTIF accounts; and to execute any necessary forms in connection with such changes on behalf of _____ (Name of Legal Entity). Please list at least two individuals. Each individual must have a unique email.

Name	Title	Email	Signature(s)
_____	_____	_____	_____
_____	_____	_____	_____

The authority of the named individuals to act on behalf of _____ (Name of Legal Entity) shall remain in full force and effect until written revocation from _____ (Name of Legal Entity) is delivered to the Office of the State Treasurer.

2. Signature of Authorization

I, the undersigned, _____(Title) of the above named entity, do hereby certify that the forgoing is a true copy of a resolution adopted by the governing body for banking and investments of said entity on the _____day of _____, 20____, at which a quorum was present and voted; that said resolution is now in full force and effect; and that the signatures as shown above are genuine.

Signature	Date	Printed Name	Title
_____	_____	_____	_____

STATE OF UTAH)
)
COUNTY OF _____)

Subscribed and sworn to me on this _____ day of _____, 20____, by _____ (Name), as _____ (Title) of _____(Name of Entity), proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature_____