

LOGIC ENROLLMENT STEPS

In order for a governmental entity to enroll in LOGIC, the following procedures should be performed.

1. Submit the *Resolution* in the form entitled ***Application for Participation in LOGIC*** to the entity's governing body for approval.

2. Complete and sign the ***Application for Participation in LOGIC***. The Resolution in the form of the application should be signed by Board President, County Judge, or City Mayor and attested by Board Secretary, County Clerk, or City Secretary. The entity seal should be included in the space provided. A notary seal is unacceptable.

3. Complete a ***Bank Instruction Form*** for each account to be opened.

4. Send all completed documentation with original signatures and ***an approved investment policy of the enrolling entity*** to our email or fax number below:

   Email: logic@hilltopsecurities.com

   Fax: 214.953.8878

5. Enrollment documentation will ordinarily be processed within five (5) business days of receipt.

SAMPLE AGENDA LANGUAGE

Short versions:

(1) Approval of LOGIC Investment Pool as an Authorized Investment

(2) Approval of Application for Participation in the Local Government Investment Cooperative (LOGIC)

Long versions:

(1) Recommendation to Approve an Application for Participation in the Local Government Investment Cooperative (LOGIC) Trust. Included in the agenda exhibit is information pertaining to the application. It is recommended that the Board approve the application as submitted.

(2)Recommendation to Approve an Application for Participation in the Local Government Investment Cooperative (LOGIC) Trust. Included in the agenda exhibit is information pertaining to the application. It is recommended that the Board approve the application as submitted to provide the district with an additional investment option emphasizing safety and liquidity.

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APPLICATION FOR PARTICIPATION IN LOGIC

The undersigned local government (Applicant) applies and agrees to become a Participant in the Local Government Investment Cooperative (LOGIC) Trust.

1. **Authorization.** The governing body of Applicant has duly authorized this application by adopting the following resolution at a meeting of such governing body duly called, noticed, and held in accordance with the Texas Open Meeting Law, chapter 551, Texas Government Code, on _____, 20__:

WHEREAS, it is in the best interests of this governmental unit ("*Applicant*") to invest its funds jointly with other Texas eligible investing entities in the Local Government Investment Cooperative (LOGIC) Trust in order better to preserve and safeguard the principal and liquidity of such funds and to earn an acceptable yield; and

WHEREAS, Applicant is authorized to invest its public funds and funds under its control in LOGIC and to enter into the Participation Agreement and Trust Instrument authorized herein;

NOW, THEREFORE, BE IT RESOLVED THAT:

SECTION 1. The form of application for participation in LOGIC attached to this resolution is approved. The officers of Applicant specified in the application are authorized to execute and submit the application, to open accounts, to deposit and withdraw funds, to agree to the terms for use of the website for online transactions, to designate other authorized representatives, and to take all other action required or permitted by Applicant under the Agreement created by the application, all in the name and on behalf of Applicant.

SECTION 2. This resolution will continue in full force and effect until amended or revoked by Applicant and written notice of the amendment or revocation is delivered to the LOGIC Board of Trustees.

SECTION 3. Terms used in this resolution have the meanings given to them by the application.

2. **Agreement.** Applicant agrees with other LOGIC Participants and the LOGIC Board of Trustees to the terms and conditions in the Participation Agreement and Trust Instrument, effective on this date, which are incorporated herein by reference. Applicant makes the representations, designations, delegations, and representations described in the Participation Agreement and Trust Instrument.

3. **Taxpayer Identification Number.** Applicant's taxpayer identification number is _____

4. **Contact Information.**

Applicant primary mailing address: _____

Applicant physical address (if different): _____

Applicant main phone number: _____

Applicant main fax number: _____

5. **Authorized Representatives.** Each of the following Participant officials is designated as Participant's Authorized Representative authorized to give notices and instructions to the LOGIC Board of Trustees in accordance with the Agreement, the Bylaws, the Investment Policy, and the Operating Procedures:

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1. Name: _____Title:_____

Signature: _____Phone: _____

Email:_____

2. Name: _____Title:_____

Signature: _____Phone: _____

Email: _____

3. Name: _____Title:_____

Signature: _____Phone:_____

Email:_____

4. Name: _____Title:_____

Signature: _____Phone: _____

Email:_____

{REQUIRED} PRIMARY CONTACT: List the name of the Authorized Representative **listed above** that will be designated as the Primary Contact and will receive all LOGIC correspondence including transaction confirmations and monthly statements.

*Name:*_____

*{**OPTIONAL} INQUIRY ONLY CONTACT:*** In addition, the following additional Participant representative (***not listed above***) is designated as an ***Inquiry Only*** Representative authorized to obtain account information:

Name: _____ Title:_____

Signature: _____Phone: _____

Email:_____

Applicant may designate other authorized representatives by written instrument signed by an existing Applicant Authorized Representative or Applicant's chief executive officer.

REQUIRED
PLACE OFFICIAL SEAL OF ENTITY HERE

DATED _____

_____
(NAME OF ENTITY/APPLICANT)

SIGNED BY:

_____
(Signature of official)

_____
(Printed name and title)

ATTESTED BY:

_____
(Signature of official)

_____
(Printed name and title)

FOR INTERNAL USE ONLY
APPROVED AND ACCEPTED: LOCAL GOVERNMENT INVESTMENT COOPERATIVE (LOGIC)

……
AUTHORIZED SIGNER **DATE** ***V082023***

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LOGIC

BANK INSTRUCTION FORM

PLEASE NOTE THAT A LOGIC REPRESENTATIVE WILL CALL TO VERIFY INSTRUCTIONS AND USER ID WITH BOTH AUTHORIZED REPRESENTATIVES WHO SIGNED THIS FORM.

PLEASE SELECT ONE OF THE FOLLOWING:

- ☐ **NEW ACCOUNT: NAME** _____
- ☐ **CHANGE EXISTING ACCT:** _____
- ☐ **APPLY CHANGE TO ALL ACCOUNTS**

EFFECTIVE DATE: _____

PARTICIPANT NAME: _____

ACCOUNT NUMBER: _____

Add Bank Instruction:

PLEASE INDICATE IF THIS WILL BE THE ☐ **PRIMARY BANK INSTRUCTION OR** ☐ **ADDITIONAL BANK INSTRUCTION**

SELECT ONE OF THE FOLLOWING ☐ **WIRE AND ACH** ☐ **WIRE ONLY** ☐ **ACH ONLY**

Bank Name: _____ City_____

Bank ABA Number (9 digits): _____Bank ABA for ACH (if different) (9 digits): _____

Bank Account Number: _____ Bank Account Name: _____

Correspondent Bank Name (if any): _____

Correspondent Bank ABA Number: _____ Account Number: _____

Delete Bank Instruction:

PLEASE INDICATE IF THIS WILL BE THE ☐ **PRIMARY BANK INSTRUCTION OR** ☐ **ADDITIONAL BANK INSTRUCTION**

SELECT ONE OF THE FOLLOWING ☐ **WIRE AND ACH** ☐ **WIRE ONLY** ☐ **ACH ONLY**

Bank Name: _____ City_____

Bank ABA Number (9 digits): _____Bank ABA for ACH (if different) (9 digits): _____

Bank Account Number: _____ Bank Account Name: _____

Correspondent Bank Name (if any): _____

Correspondent Bank ABA Number: _____ Account Number: _____

** If ACH availability is selected, I hereby authorize JPMorgan Chase Bank, N.A. to directly deposit and withdraw funds by means of ACH electronic transfer to and from the financial institution and the account designated above ("Designated Account"). I agree that this authorization may be withdrawn with at least 45-days advance written notice to LOGIC Participant Services. I understand that the LOGIC reserves the right to discontinue ACH electronic transfer without advance notice. I also authorize JPMorgan Chase Bank, N.A. to deduct from the Designated Account or from subsequent deposits made to the Designated Account all amounts deposited in error. I authorize JPMorgan Chase Bank, N.A. to credit all amounts withdrawn in error to Designated Account.*

NOTE: This authorization must be executed by two current Authorized Representatives of the Participant on file with LOGIC.
As a current Authorized Representative, I certify that the above information is both true and correct.

Authorized Representative Signature	Printed Name	Title	Date
Authorized Representative Signature	Printed Name	Title	Date

Please complete this form either all typed or all handwritten with original signatures.
Forms with alterations (i.e. white out, mark out, etc.) or electronic signatures will **NOT** be accepted.

LOGIC Participant Services
Email forms to: logic@hilltopsecurities.com
Phone: 800.895.6442 * Fax: 214.953.8878