



Authorized Representative Deletion/Update Form

Please complete this form to delete Authorized Representative(s) of the Participant.

***Required Fields**

1. Participant Information

Town of Addison

Participant Name*

7 7 3 3 3

Location Number*

0 5 2 8 2 0 1 9

Effective Date*

2. Deletions

Please print the name(s) of the individual(s) to be deleted:

As Authorized Representative(s):

1. Scott Neils
2. Cheryl Delaney
3. Eric Cannon

As Inquiry Only Representative(s):

1. Paul DeBuff
2. Mushtaq Ali
- 3.

3. Primary Contact

If the person being deleted is the Primary Contact, please complete all fields in this section for the TexPool Authorized Representative that will be the new Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, TexPool Updates, and other TexPool mailings.

Olivia E. Riley

Name

Chief Financial Officer

Title

9 7 2 4 5 0 7 0 5 0

Telephone Number

9 7 2 4 5 0 7 0 9 4

Fax Number

oriley@addisontx.gov

Email Address

4. Inquiry Only

If the person being deleted is an Inquiry Only Representative, please complete all fields in this section if you wish to add another individual in this capacity. Please note: Inquiry Only Representatives cannot perform transactions.

Lauren Arnold

Name

Senior Accountant

Title

9 7 2 4 5 0 7 0 5 5

Telephone Number

9 7 2 4 5 0 7 0 9 4

Fax Number

larnold@addisontx.gov

Email Address

Name: Benjamin Nguyen

Title: Accounting Specialist

Phone #: 972-450-7062

Fax #: 972-450-7094

Email Address: bnguyen@addisontx.gov

5. Approvals

Please enter the name of two individuals who are currently Authorized Representatives and who authorize the deletion(s) of the individual(s) above.

Note: This authorization must be executed by a current Authorized Representative of the Participant as set forth in the duly enacted Resolution of the Participant, which is on file with TexPool.

Authorized Representative Signature*

Olivia Riley

Printed Name*

Chief Financial Officer

Title*

Date*

9 7 2 4 5 0 7 0 5 0

Telephone Number

Authorized Representative Signature*

Amanda Turner

Printed Name*

Comptroller

Title*

Date*

9 7 2 4 5 0 7 0 6 4

Telephone Number

6. Mailing Instructions

The completed Authorized Representative Deletion/Update Form can be faxed to TexPool Participant Services at 1-866-839-3291, and mailed to:

TexPool Participant Services
1001 Texas Avenue, Suite 1400
Houston, TX 77002

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX-REP

2 OF 2

TexPool Participant Services
1001 Texas Avenue, Suite 1400 • Houston, TX 77002
Phone: 1-866-TEXPOOL (839-7665) • Fax: 1-866-839-3291 • www.texpool.com

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