

Texas CLASS[®]



Registration Packet



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. CT by phone at (800) 707-6242 or by email at clientservices@texasclass.com.

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 clientservices@texasclass.com.

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 City Council (the Governing Body) of the _____ (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 net 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 _____ (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 Trust (the Program), an investment pool administered by Public Trust Advisors, LLC that 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 Eighth Amended and Restated Trust Agreement dated as of April 8, 2019 (the Trust Agreement), that 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);

Exhibit D – Participation Certificate

The undersigned _____ (the Local Government) does hereby request that it be admitted as a Participant pursuant to Section 2.3 of the Eighth Amended and Restated Trust Agreement (the Agreement) dated as of April 8, 2019, by and between the Participants, Wells Fargo Bank as Custodian, and Public Trust Advisors, LLC. By executing this Participation Certificate, the undersigned agrees that, upon the execution hereof by the Program Administrator, it will become subject to the same obligations and shall have the same rights as if it had executed the Agreement.

The undersigned hereby certifies that _____ (the Investment Officer) is the duly designated Representative of the undersigned as required by the Agreement.

The undersigned hereby certifies that its governing body has taken all actions required by Section 2256.016 of the Public Funds Investment Act, Texas Government Code, for it to participate in the Trust created by the Agreement.

Entity Name

Signature

Date

Title

Accepted by Administrator (to be completed by Texas CLASS):

Signature

Date

Title



Trust Registration

Entity Information

Entity Name (Participant) _____

Entity Type: City/Town County School District Special District
Other (Specify) _____

Mailing Address _____

City _____ Zip _____ County _____

Tax ID _____ Fiscal Year End Date (Month/Day) _____

The _____ (the Local Government) hereby wishes to invest in the following portfolio:

- Texas CLASS
- Texas CLASS Government
- Both

Texas CLASS is hereby authorized to honor any telephoned, faxed, or electronic request believed to be authentic for withdrawal of funds. The withdrawal proceeds can be sent only to the bank(s) indicated below unless changed by written instructions. Each local government is responsible for notifying Texas CLASS of any changes to its account.

Banking Information

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact _____ Contact's Phone Number _____

Wire ACH Both

Additional Banking Information (Optional)

Bank Name _____ Bank Routing Number (ABA) _____

Account Title _____ Account Number _____

Bank Contact _____ Contact's Phone Number _____

Wire ACH Both



Authorized Contacts

Representative and Authorized Signer

Mr. Ms. _____
 Print First and Last Name Title

 Signature Required Phone

 Email Fax

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account

- Online User Access

Additional Contact (Optional)

Mr. Ms. _____
 Print First and Last Name Title

 *(Signature Required if Authorized Signer) Phone

 Email Fax

Permissions (must check one)

- Authorized Signer to Move Funds*
- Read-Only Access

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account

- Online User Access

Additional Contact (Optional)

Mr. Ms. _____
 Print First and Last Name Title

 *(Signature Required if Authorized Signer) Phone

 Email Fax

Permissions (must check one)

- Authorized Signer to Move Funds*
- Read-Only Access

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account

- Online User Access

Authorized Contacts (cont.)

Additional Contact (Optional)

Mr. Ms. _____ Print First and Last Name	_____ Title
_____ *(Signature Required if Authorized Signer)	_____ Phone
_____ Email	_____ Fax

Permissions (must check one)

- Authorized Signer to Move Funds*
- Read-Only Access

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account

- Online User Access

Additional Contact (Optional)

Mr. Ms. _____ Print First and Last Name	_____ Title
_____ *(Signature Required if Authorized Signer)	_____ Phone
_____ Email	_____ Fax

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Permissions (must check one)

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- Read-Only Access

Email Notifications

- Monthly Statements
- Transaction Confirmations

Online Account

- Online User Access



Accounts to be Established

Entity Name: _____

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)

*Name must be limited to 30 characters.



How did you hear about Texas CLASS?

Texas CLASS Representative: _____

Referral by: _____

Texas CLASS Website

Email

Google Search

Other: _____