



**OKLAHOMA LIQUID ASSET POOL**  
Authorized Users

I hereby certify that I am a Legal Representative and Authorized Official of \_\_\_\_\_, State of Oklahoma, and am empowered to appoint others to act on my behalf of said political subdivision. I hereby appoint the following individuals as Authorized Users to invest and withdraw available moneys periodically on behalf of the aforementioned political subdivision in accordance with the provisions of the Information Statement and Interlocal Cooperative Agreement of the Oklahoma Liquid Asset Pool. I further stipulate that the Authorized Users named herein are empowered to act on all Fund accounts of this public agency unless otherwise stated below:

\_\_\_\_\_  
\_\_\_\_\_

**Authorized Users List:**

**1**

\_\_\_\_\_  
Signature Printed Name  
\_\_\_\_\_  
Email Address Phone Official Title  
 Authorized for Transactions or  View Only Access

**2**

\_\_\_\_\_  
Signature Printed Name  
\_\_\_\_\_  
Email Address Phone Official Title  
 Authorized for Transactions or  View Only Access

**3**

\_\_\_\_\_  
Signature Printed Name  
\_\_\_\_\_  
Email Address Phone Official Title  
 Authorized for Transactions or  View Only Access

Attach an additional form if more than three Authorized Users are being named.

\_\_\_\_\_  
Name of Person to receive Statements **By:** \_\_\_\_\_  
Authorized Signature  
\_\_\_\_\_  
Mailing address to receive statements Printed Name  
\_\_\_\_\_  
City/State Zip Code Official Title Phone

Witness my hand hereto affixed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
\_\_\_\_\_

Signature of Notary Public

**Mail this completed form to:**  
**Oklahoma Liquid Asset Pool**  
**OLAP Administrator**  
**1415 28<sup>th</sup> Street, Suite 200**  
**West Des Moines, IA 50266-1461**

**If you have questions, call an OLAP Administrator**  
**at 866-472-OLAP (6527).**