



Resolution and New Account Application

How to open an account with OLAP?

To become a member of the Oklahoma Liquid Asset Pool your district must first pass a resolution approving participation and complete the attached Resolution and New Account Application forms. The agenda item to participate is below.

- *Board to approve Resolution to join the Oklahoma Liquid Asset Pool (OLAP) and Interlocal Cooperative 55K00, and authorizing the Treasurer to invest district funds in OLAP as appropriate.*
- Please email completed Resolution and New Account Application forms to:
 - Anita Tracy at atracy@pmanetwork.com
 - J.C. Leonard at jcleonard@shmcdonald.net

After an application is received by the OLAP Administrator, a PMA representative will contact you with details on how to participate and invest your districts funds.

Please visit our website for this information at <https://www.olaponline.org/> or feel free to call an OLAP representative with any questions. We look forward to your district's participation in OLAP.



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RESOLUTION AUTHORIZING PARTICIPATION IN THE POOL

The Governing Board of _____, hereby votes at a duly called meeting of the Board to:

1. Become a member of the "Oklahoma Public School Investment Interlocal", an interlocal cooperative approved by the Oklahoma State Board of Education on July 25, 1996, and given the official designation as Interlocal Number 55K001 by the State Department of Education, and to approve those directors previously elected as the Board of Directors of the Interlocal by the initial participating school districts.
2. Authorize the Entity's Treasurer to designate Authorized Officials to invest and withdraw available funds in either the Interlocal's Liquid Asset Pool or Fixed Income Investment Program, or both; and
3. Inform the Interlocal that the Entity's Treasurer is:

ADOPTED and APPROVED this _____ day of _____, _____.

Board President:

Signature

Type Name

ATTEST:

Board Officer

Signature

Type Name



NEW ACCOUNT APPLICATION FORM

SECTION A: NEW ACCOUNT INFORMATION

1. Entity Name to Appear on Fund Records (common name): _____
2. Legal Entity Name as filed with the IRS (if different): _____
3. Address: _____ County: _____
4. Phone Number: _____
5. Federal Tax ID: _____
6. Is the new account for bond proceeds? Yes No
7. Account Title (General, Water, etc.): _____

SECTION B: PRIMARY CONTACT DESIGNATION

8. Please designate the OLAP Primary Contact person for your Entity:
Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

SECTION C: PRIMARY CONTACT AUTHORITY / ACCOUNT SECURITY

9. The above-named primary contact will have the authority to:
 - Certify the authorized personnel at the Entity, and specify the PMA GPS^{®*} access capabilities;
 - Transfer funds to/from OLAP, and to/from approved depository;
 - Add or delete the bank information (ACH/Wire) OLAP has on file for the Entity;
 - Sign up for State Aid Deposits;
 - Open, close, change and reactivate OLAP account Information;
 - Move money (Make purchases, redemptions, transfers and fixed rate investments);
 - Access ALL OLAP sub-accounts for the entity; and
 - Act as primary contact person for all OLAP daily activity.

NOTE: To designate additional authorized personnel, please complete the Authorized Personnel Information form for each such authorized person.

*The PMA Governmental Portfolio System ("PMA GPS[®]") is an online system that provides 24-hour access to your OLAP account(s).

10. Email Notification: Yes, send an email when online statements and confirmations are available.
 No, do not send an email when online statements and confirmations are available.

SECTION D: CERTIFICATIONS

A) It is hereby certified that the Entity adopted the attached resolution at a duly convened meeting of the Directors of the Entity held on the _____ day of _____, _____, and that such resolution is in full force and effect on the date of this application, and that such resolution has not been modified, amended or rescinded since its adoption. (Attach Resolution)

B) It is hereby further certified that the Entity has received a copy of the OLAP Fund's Information Statement, and agrees to be bound by the terms of such document.

C) The information, authorizations, resolutions and certifications set forth in this New Account Application shall remain in full force and effect until the Fund receives written notification of change.

Signature of Authorized Official Designated in Resolution

Print Name

Entity Name

Date

SECTION E: INFORMATION STATEMENT

It is certified that the Entity has received a copy of the OLAP Fund Information Statement and agrees to be bound by the terms of said document.

SECTION F: AUTHORIZATION

This section must be completed by the Authorized Official of the Entity. The authorizations set forth on this form shall remain in full force and effect until the Fund receives written notification of a change.

I hereby certify that I am authorized by the Entity to execute this Application Form for OLAP.

Authorized Signer: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

Effective Date of Request: _____

PMA Authorization: _____

Portfolio Advisor: _____

Compliance: _____

Date: _____

Date: _____

Send completed forms to your PMA representative or to gps@pmanetwork.com

