



LOWER PLATTE SOUTH natural resources district

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Memorandum

Date: January 17, 2023
To: Board of Directors
From: Paul Zillig 
Subject: Update of Financial Institution Authorizations

At the January Board Meeting new Officers will be elected near the end of the meeting, including a new Treasurer as Bob Andersen will have completed his second year as Treasurer. This will result in the need to update our financial authorizations for both Union Bank & Trust and NPAIT/PMA. The Finance & Planning Subcommittee will discuss this at their meeting just prior to the Board Meeting.

I have attached copies of the resolution/authorizations that will need to be completed and approved. I have listed below the anticipated motions for Board consideration.

Recommend the Board of Directors approve the Business Authorization Resolution with Union Bank & Trust authorizing Treasurer - Chelsea Johnson, Treasurer's Director Designate - Robert Andersen, and Assistant Treasurer - Paul Zillig as Agents for the District

Recommend the Board of Directors authorize continuing under agreement with NPAIT/PMA and designate Paul Zillig, General Manager/Assistant Treasurer and Kristin Buntmeyer, Administration & Finance Manager as the Authorized Representative with Full Rights, and Chelsea Johnson - Treasurer, Robert Andersen - Treasurer's Director Designate, as Authorized Representatives with Limited Rights.

PDZ/pz

Enc. 2

pc: Corey Wasserburger
Steve Seglin

Business Authorization Resolution



By:

Account Ownership
Public Funds

RESOLVED: That I, _____, certify that I am an authorized member of the organization listed above. I further attest that said organization, doing business under the trade name Lower Platte South Natural Resources District, the Federal Employer Identification Number 47-0542969 and that the forgoing is a full, true, and correct copy of the resolution duly and regularly adopted by the governing body of the organization on 1/18/23 (Date). I acknowledge that this resolution **supersedes all** previously established resolutions.

AGENTS: Any and all agents listed below are authorized to exercise all powers granted to them under the authority of this resolution. These powers include the ability to open any deposit account in the name of the organization, endorse checks and orders and withdraw or transfer funds on deposit with Union Bank & Trust, and enter into a lease in regards to renting, maintaining, accessing, and terminating a Safe Deposit Box.

Printed Name	Signature	Printed Name	Signature
1. <u>Paul Zillig</u>	x _____	5. _____	x _____
2. <u>Chelsea Johnson</u>	x _____	6. _____	x _____
3. <u>Robert Andersen</u>	x _____	7. _____	x _____
4. _____	x _____	8. _____	x _____

The information contained within this resolution will be accepted as valid until written notice of its charge or revocation has been delivered to and accepted by Union Bank & Trust as designated as the depository institution for funds belonging to the organization.

By signing below, it is evidenced that said agents are authorized to act on behalf of the organization so named in this resolution and that, with such authority, are authorized to enter into such contracts or agreements that they deem necessary to carry out the powers granted to them.

The organization further agrees to the terms and conditions of any account agreement that has been entered into by an authorized agent of the organization and the organization authorizes Union Bank & Trust to charge the organization at any time for any checks, drafts, or the payment of money drawn off of Union Bank & Trust given they contain proper signatures. The organization also agrees that all transactions, in regards to deposits or withdraws, prior to the recognition of this resolution are accepted, approved, and confirmed.

In Witness, I certify that all of the information included above is correct and true and that the designated agents had, at the acceptance of this resolution, authority to implement the resolutions listed above and to entitle the powers granted to all persons named to be permitted the same authorities. **(Two signatures from authorized members of the Organization required (Officer/Secretary). Only one signature required for single-member LLCs and Sole Proprietorships. For Partnerships, all partners MUST sign).**

x _____ x _____ x _____ x _____
 x _____ x _____ x _____ x _____

Branch: _____ Resp. Code: 1

1. ACCOUNT INFORMATION

Account Number _____ Date Opened 01/10/2023
 Account Product _____
 Business Name/Sole Proprietor: _____
 Business Trade Name: _____
 Account Address _____
 Account Type:
 New Existing -- Amendment Date _____
 Checking NOW Money Market Savings
 Number of Signatures Required for Withdrawal 1
 Facsimile Signature to be Used: Yes No

2. OWNERSHIP OF ACCOUNT

ACCOUNT OWNERSHIP

PAY-ON-DEATH BENEFICIARIES (SOLE PROP ONLY)

3. ACCOUNT SIGNATURES

BACKUP WITHHOLDING CERTIFICATION

If you are not a "U.S. citizen" or other "U.S. person", please certify your foreign status on W8-Ben form.

By signing signature (1) below, I certify under penalties of perjury the statements below are true.

- Tax Payer ID Number:** _____
The Tax Payer Identification (TIN) above is my correct taxpayer identification number.
- Backup Withholding:** I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- U.S. Citizen or U.S. Person:** I am a U.S. citizen or other U.S. person (as defined in W9 instructions).
- Exempt Payee Code (if any):** I am an exempt payee from backup withholding. Exempt payee code: _____
- FATCA Code:** The FATCA code(s) do not apply.

The undersigned certifies the accuracy of the information contained in this Signature Card. The undersigned acknowledges receipt of, and agrees to, the Terms and Conditions of Your Account, Truth In Savings Disclosure, Schedule of Fees and Charges, Electronic Funds Transfer Disclosure, Privacy Notice, and Funds Availability (only applies to Checking and NOW accounts). The undersigned authorizes Union Bank obtain a report from a credit reporting agency

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

(1)
 Tax ID: _____ Date of Birth: _____ (_____)
 Account Owner (Sole Prop Only) Business Signer
 Customer Signature

(2)
 Tax ID: _____ Date of Birth: _____ (_____)
 Business Signer
 Customer Signature

(3)
 Tax ID: _____ Date of Birth: _____ (_____)
 Business Signer
 Customer Signature

(4)
 Tax ID: _____ Date of Birth: _____ (_____)
 Business Signer
 Customer Signature

Opened by: FATMA ALNEDAWI Facility/ Misc. Code _____ Amended by: _____



AUTHORIZED PERSONNEL INFORMATION

Participant/Entity Name: _____

Select one of the following:

- Activate New Authorized Individual for **Full** Rights (Complete Sections A, B, C and E)
- Activate New Authorized Individual for **Limited** Rights (Complete Sections A, B, D and E)
- De-Activate Existing Authorized Individual _____ (Insert Name and Complete Section E below.)

SECTION A: NPAIT PARTICIPANT INFORMATION

1. Select one of the following:

- I am an existing NPAIT Participant. My account number is: _____
- This is a new NPAIT relationship. I am establishing authorized personnel for the first time.

SECTION B: AUTHORIZED PERSONNEL INFORMATION

2. Please designate the NPAIT Authorized Individual for your Entity:

Name: _____ Phone: _____
 Fax: _____ Email: _____
 Title: _____ Address: _____

SECTION C: ACCOUNT SECURITY / AUTHORITY - FULL RIGHTS

Please complete Section C for Full Rights OR Section D for Limited Rights

3. The above-named authorized person will have the authority to:

- Certify the Authorized Personnel at the Entity, and Specify the PMA GPS® Access Capabilities;
- Add, Change, Delete the Bank Information (ACH/Wire) NPAIT has on File for the Entity;
- Sign up for State Aid Deposits;
- Open, Close, Change and Reactivate NPAIT Account Information; and
- Move money (make purchases, redemptions, transfers and fixed rate investments.)

4. Account Authority:

- This authorization applies to all NPAIT sub-accounts for my entity.
- This authorization only applies to the following accounts:

5. System Access:

- Yes, access to PMA GPS® ¹ is necessary; a username and password will be sent via email.
- No, access to PMA GPS® is not necessary at this time.

¹The PMA Governmental Portfolio System ("PMA GPS®") is an online system that provides 24 hour access to your NPAIT account(s).

6. Email Notification:

- Yes, send an email when online statements and confirmations are available. To receive these emails, access to PMA GPS® must have been selected in the section above.
- No, do not send an email when online statements and confirmations are available.

SECTION D: ACCOUNT SECURITY / AUTHORITY - LIMITED RIGHTS (TRANSACTION OR VIEW ONLY)

7. Security:

- Yes, the authorized person is authorized to move money (make purchases, redemptions and transfers.)
- No, the authorized person is not authorized to move money; VIEW ONLY access is requested.

8. Account Authority:

- This authorization applies to all NPAIT sub-accounts for my entity.
- This authorization only applies to the following accounts:

9. System Access:

- Yes, access to PMA GPS® is necessary; a username and password will be sent via email.
- No, access to PMA GPS® is not necessary at this time.

10. Email Notification:

- Yes, send an email when online statements and confirmations are available. To receive these emails, access to PMA GPS® must have been selected in the section above.
- No, do not send an email when online statements and confirmations are available.

SECTION E: AUTHORIZATION

This section must be signed by either an authorized person as designated in the Master Account Application (or a Primary Contact or Authorized Personnel Information form), OR the new incumbent in an authorized position, accompanied by a copy of the board minutes covering the appointment/election of a new incumbent. (Please mark the appropriate section and black out salary and other confidential information.) The authorizations set forth on this form shall remain in full force and effect until the Fund receives written notification of a change.

Signature: _____	Date: _____
Printed Name: _____	Phone: _____
Title: _____	Email: _____

Send completed forms to your PMA representative or to Client-Service@npait.com