FORM A
IOWA PUBLIC AGENCY INVESTMENT TRUST
MODEL RESOLUTION

RESOLUTION NO. 213

A RESOLUTION AUTHORIZING THE APPROVAL OF A JOINT POWERS AGREEMENT AND DECLARATION OF TRUST FOR THE IOWA PUBLIC AGENCY INVESTMENT TRUST AND AUTHORIZING PARTICIPATION THEREIN.

WHEREAS, Iowa Code Section 28E.1 (1987 as amended) permits political subdivisions to make efficient use of their powers by enabling them to provide joint services with other Public Agencies and to cooperate in other ways of mutual advantage, and to exercise and enjoy jointly any powers, privileges or authority exercised or capable of being exercised by one Public Agency of this state or private agencies for the joint or cooperative action; and

WHEREAS, Iowa Code Sections 331.555 and 384.21 (1987 as amended) empowers Cities, City Utilities and Counties to invest their moneys pursuant to a joint investment agreement, and

WHEREAS, the City of Fairfield, the Maquoketa Municipal Utility and Buchanan County are political subdivisions being duly organized and existing under and by virtue of the laws and constitution of the State of Iowa, and

WHEREAS, the City of Fairfield, the Maquoketa Municipal Utility and Buchanan County have approved the Joint Powers Agreement and Declaration of Trust and thereby have established the Iowa Public Agency Investment Trust as of October 1, 1987 and

WHEREAS, this Governing Body desires to adopt and enter into the Joint Powers Agreement and Declaration of Trust, and it is in the best interest of this Governing Body to participate in the Iowa Public Agency Investment Trust for the purpose of joint investment of moneys with other cities, city utilities and counties to enhance investment earnings occurring to each

NOW, THEREFORE, be it resolved:

Section 1. The Joint Powers Agreement and Declaration of Trust is approved and adopted. This Public Agency shall join with the other public agencies in accordance with the Joint Powers Act by becoming a Participant of the Trust. The Joint Powers Agreement and Declaration of Trust shall be filed in the minutes of the meeting at which this resolution is adopted. The authorized officials of this Public Agency are directed and authorized to take such actions and execute any and all such documents as may be deemed necessary and appropriate to effect the entry of this Public Agency into the Declaration of Trust and adoption thereof by this Public Agency and to carry out the intent and purpose of this resolution.

Section 2. This Public Agency is hereby authorized to invest its available moneys from time to time and to withdraw such moneys from time to time in accordance with the provisions of the Joint Powers Agreement and Declaration of Trust. The following officers and officials of this Public Agency and their respective successors in office each hereby are designated as "Authorized Officials" with full power and authority to effectuate the investment and withdrawal of moneys with this Public Agency from time to time in accordance with the Joint Powers Agreement and Declaration of Trust.

(Printed Name) ARLENE I. BROWN (Title) COUNTY TREASURER

(Printed Name) CAROL I ZERCK (Title) DEPUTY COUNTY TREASURER

(Printed Name) _____ (Title) _____

The Trust shall be advised of any changes in authorized officials in accordance with procedures established by the Trust.

Section 3. The Trustees of the Trust are hereby designated as having official custody of this Public Agency's moneys which are invested in accordance with the Joint Powers Agreement and Declaration of Trust.

Section 4. Authorization is hereby given for officials of this Public Agency to serve as Trustees of the Trust from time to time if selected as such pursuant to the provisions of the Joint Powers Agreement and Declaration of Trust.

Section 5. Unless otherwise expressly defined herein, words that are capitalized in the resolution shall have meanings defined in the Joint Powers Agreement and Declaration of Trust.

Passed and approved this 25th day of MAY, 1989.

MITCHELL COUNTY
Name of Public Agency

Don Gaukelman
Signature of Presiding Officer

Sandra Heckstein
Attest
Clerk/Secretary

NOTE: Mail one original copy of this form and the certification along with Form B to the Trust Administrator:

IOWA PUBLIC AGENCY INVESTMENT TRUST
C/O Norwest Bank Des Moines, N.A.
666 Walnut Street, Post Office Box 837
Des Moines, Iowa 50304

This Form may be photocopied

FORM A CERTIFICATE

IOWA PUBLIC AGENCY INVESTMENT TRUST

STATE OF IOWA)
) SS:
COUNTY (IES) OF)

I, the undersigned of MITCHELL COUNTY State of Iowa, do hereby certify that attached is a true and complete copy of the portion of the records of the Governing Body of the named Public Agency, and the same is a true and complete copy of the action taken by the Governing Body of the Public Agency with respect to said matter at the meeting held on the date indicated in the attachment, which proceedings remain in full force and effect, and have not been amended or rescinded in any way; that the meeting and all action thereat was duly and publicly held in accordance with notice of public meeting and tentative agenda, a copy of which was timely served on each member of the Governing Body of the Public Agency and posted on a bulletin board or other prominant place easily accessible to the public clearly designated for that purpose at the principal office of the Governing Body and the provisions of Chapter 21, Code of Iowa, upon reasonable advance notice to the public and media at least 24 hours prior to the commencement of the meeting as required by said law and with members of the public present in attendance.

I further certify that the individuals named therein were on the date thereof and lawfully possessed of their respective offices as indicated therein, that no vacancy existed except as may be stated in said proceedings, and that no controversy or litigation is pending, prayed or threatened involving the incorporation, organization, existence or boundaries of the Public Agency or the right of the individuals named herein as officers to their respective positions.

WITNESS my hand hereto affixed this 20 day of July, 1989.

By Arlene L Brown
(Authorized signature for Public Agency)

Subscribed and sworn to before me on this 20 day of July, 1989.

Annette Sonberg

ANNETTE SONBERG
MY COMMISSION EXPIRES
9-20-90

FORM B

IOWA PUBLIC AGENCY INVESTMENT TRUST
APPLICATION FORM

I. Basic Information

Name of Public Agency: MITCHELL COUNTY

(Check one) City ☐ City Utility ☐ County ☒

(Check appropriate(s)) Member of: LIM ☐ IAMU ☐ ISAC ☒

Federal Identification Number 42-6005076

Contact Person and Title ARLENE I. BROWN, MITCHELL COUNTY TREASURER

Telephone Number (515) 732-5861 EXT. 233

IF INITIAL INVESTMENT IS ENCLOSED, PLEASE INDICATE AMOUNT $ _____
(Payable to Norwest Bank Des Moines, N.A.)

II. New Account Information

Authorization is hereby given to Norwest Bank Des Moines, National Association, as Trust Administrator, to open the following Iowa Public Agency Investment Trust Account(s).

Name to appear on Trust Account (e.g. General Fund, etc.)* MITCHELL COUNTY

Name & Address of Local Depository for funds transfer HOME TRUST & SAVINGS BANK

628 MAIN ST. OSAGE, IA. 50461

Local Depository Account Number 01 007 3

checking ☒ savings ☐
(For your protection, only one depository account may be accessed per Trust account)

Depository's ABA Routing Number 073903493
(This number can be obtained from bottom of blank check or by calling your depository)

III. Deposit/Withdrawal Information and Authorization

Authorization is hereby given to Norwest Bank Des Moines, National Association, as Trust Administrator, to honor any request believed by it to be authentic for investment to and/or withdrawal from the Trust. Moneys will be transferred only upon telephone, written or personal notice from an authorized official of the Public Agency. Upon such notification, Norwest Bank Des Moines, National Association will initiate debit and credit entries to the local depository account(s) indicated herein and the local depository(ies) named are authorized to debit and credit the same to such account(s). Transfer shall be made by Automated Clearinghouse Transfer (ACH), if available, unless otherwise directed by the Public Agency. There is no direct charge for ACH transfers.

IV. Information Statement and Declaration of Trust

It is hereby certified that the Public Agency has received a copy of the Information Statement of the Trust and a copy of the Joint Powers Agreement and Declaration of Trust and agrees to be bound by the terms of such documents.

V. Effectiveness of Application Form

The information, certifications and authorizations set forth on this application shall remain in full force and effect until the Trust Administrator receives written notification of a change.

VI. Authorized Signatures

The following are authorized signators of this Public Agency to effectuate the investment and withdrawal of moneys of this Public Agency from time to time in accordance with the Joint Powers Agreement and Declaration of Trust.

MITCHELL COUNTY
Name of Public Agency

Print or Type Name of Authorized Signator	Title	By (Authorized Signator) Signature	Date
ARLENE I. BROWN	COUNTY TREASURER	Arlene I Brown	7-20-89
CAROL J. ZERCK	DEP. CO. TREASURER	Carol J Zerck	7-20-89

Mail this form along with Form A to the Trust Administrator:

IOWA PUBLIC AGENCY INVESTMENT TRUST
c/o Norwest Bank Des Moines, National Association
666 Walnut, Post Office Box 837
Des Moines, Iowa 50304

This Form may be photocopied.

* For additional Trust Accounts, use space provided on Supplemental Form B.

SUPPLEMENTAL FORM B

ADDITIONAL TRUST ACCOUNTS
COMPLETE THE FOLLOWING INFORMATION FOR EACH ADDITIONAL TRUST ACCOUNT TO BE OPENED

Name to Appear on Trust Account (e.g. General Fund, etc.) MITCHELL COUNTY

Name and Address of Local Depository for funds transfer OSAGE FARMERS NATIONAL BANK
501 MAIN ST. OSAGE, IA. 50461

Local Depository Account Number 99 480 2 checking [X] savings [ ]
(For your protection, only one depository account may be accessed per Trust account)

Depository's ABA Routing Number 073903480
(This number can be obtained from bottom of blank check or by calling depository)

Name to Appear on Trust Account (e.g. General Fund, etc.) ______

Name and Address of Local Depository for funds transfer ______

Local Depository Account Number ______ checking [ ] savings [ ]
(For your protection, only one depository account may be accessed per Trust account)

Depository's ABA Routing Number ______
(This number can be obtained from bottom of blank check or by calling depository)

Name to Appear on Trust Account (e.g. General Fund, etc.) ______

Name and Address of Local Depository for funds transfer ______

Local Depository Account Number ______ checking [ ] savings [ ]
(For your protection, only one depository account may be accessed per Trust account)

Depository's ABA Routing Number ______
(This number can be obtained from bottom of blank check or by calling depository)

Name to Appear on Trust Account (e.g. General Fund, etc.) ______

Name and Address of Local Depository for funds transfer ______

Local Depository Account Number ______ checking [ ] savings [ ]
(For your protection, only one depository account may be accessed per Trust account)

Depository's ABA Routing Number ______
(This number can be obtained from bottom of blank check or by calling depository)

This form may be photocopied