



APPLICATION FOR PARTICIPATION IN LOGIC

The undersigned local government (Applicant) applies and agrees to become a Participant in the Local Government Investment Cooperative (LOGIC) Trust.

1. **Authorization.** The governing body of Applicant has duly authorized this application by adopting the following resolution at a meeting of such governing body duly called, noticed, and held in accordance with the Texas Open Meeting Law, chapter 551, Texas Government Code, on _____, 20__:

WHEREAS, it is in the best interests of this governmental unit ("*Applicant*") to invest its funds jointly with other Texas eligible investing entities in the Local Government Investment Cooperative (LOGIC) Trust in order better to preserve and safeguard the principal and liquidity of such funds and to earn an acceptable yield; and

WHEREAS, Applicant is authorized to invest its public funds and funds under its control in LOGIC and to enter into the Participation Agreement and Trust Instrument authorized herein;

NOW, THEREFORE, BE IT RESOLVED THAT:

SECTION 1. The form of application for participation in LOGIC attached to this resolution is approved. The officers of Applicant specified in the application are authorized to execute and submit the application, to open accounts, to deposit and withdraw funds, to agree to the terms for use of the website for online transactions to designate other authorized representatives, and to take all other action required or permitted by Applicant under the Agreement created by the application, all in the name and on behalf of Applicant.

SECTION 2. This resolution will continue in full force and effect until amended or revoked by Applicant and written notice of the amendment or revocation is delivered to the LOGIC Board of Trustees.

SECTION 3. Terms used in this resolution have the meanings given to them by the application.

2. **Agreement.** Applicant agrees with other LOGIC Participants and the LOGIC Board of Trustees to the terms and conditions in the Participation Agreement and Trust Instrument, effective on this date, which are incorporated herein by reference. Applicant makes the representations, designations, delegations, and representations described in the Participation Agreement and Trust Instrument.

3. **Taxpayer Identification Number.** Applicant's taxpayer identification number is 75-6003955

4. **Contact Information.**

Applicant primary mailing address: 13000 William Dodson Parkway, Farmers Branch, TX 75234

Applicant physical address (if different): NA

Applicant main phone number: 972-247-3131

Applicant main fax number: 972-919-2688

5. **Authorized Representatives.** Each of the following Participant officials is designated as Participant's Authorized Representative authorized to give notices and instructions to the LOGIC Board of Trustees in accordance with the Agreement, the Bylaws, the Investment Policy, and the Operating Procedures:

1. Name: Pamela DeHon Title: Accounting Manager
 Signature: Pamela DeHon Phone: 972-919-2522
 Email: pamela.dehon@farmersbranchtx.gov

2. Name: Leslie Smith Title: Senior Accountant
 Signature: Leslie Smith Phone: 972-919-2531
 Email: leslie.smith@farmersbranchtx.gov

3. Name: Lee Ann Huddleston Title: Finance Director
 Signature: Lee Ann Huddleston Phone: 972-919-2527
 Email: leeann.huddleston@farmersbranchtx.gov

4. Name: _____ Title: _____
 Signature: _____ Phone: _____
 Email: _____

{REQUIRED} PRIMARY CONTACT: List the name of the Authorized Representative **listed above** that will be designated as the Primary Contact and will receive all LOGIC correspondence including transaction confirmations and monthly statements.

Name: Lee Ann Huddleston

{OPTIONAL} INQUIRY ONLY CONTACT: In addition, the following additional Participant representative (**not listed above**) is designated as an **Inquiry Only** Representative authorized to obtain account information:

Name: _____ Title: _____
 Signature: _____ Phone: _____
 Email: _____

Applicant may designate other authorized representatives by written instrument signed by an existing Applicant Authorized Representative or Applicant's chief executive officer.

REQUIRED
PLACE OFFICIAL SEAL OF ENTITY HERE

DATED _____

City of Farmers Branch
 (NAME OF ENTITY/APPLICANT)

SIGNED BY:

 (Signature of official)
Terry Lynne, Mayor
 (Printed name and title)

ATTESTED BY:

 (Signature of official)
Stacy Henderson, City Secretary
 (Printed name and title)

FOR INTERNAL USE ONLY HTSLGIP041020251612
APPROVED AND ACCEPTED: LOCAL GOVERNMENT INVESTMENT COOPERATIVE (LOGIC)

 AUTHORIZED SIGNER DATE V082023



BANK INSTRUCTION FORM

PLEASE NOTE THAT A LOGIC REPRESENTATIVE WILL CALL TO VERIFY INSTRUCTIONS AND USER ID WITH BOTH AUTHORIZED REPRESENTATIVES WHO SIGNED THIS FORM.

PLEASE SELECT ONE OF THE FOLLOWING:

- ☒ NEW ACCOUNT: NAME City of Farmers Branch
☐ CHANGE EXISTING ACCT: _____
☐ APPLY CHANGE TO ALL ACCOUNTS

EFFECTIVE DATE: _____

PARTICIPANT NAME: _____

ACCOUNT NUMBER: _____

Add Bank Instruction:

PLEASE INDICATE IF THIS WILL BE THE ☒ PRIMARY BANK INSTRUCTION OR ☐ ADDITIONAL BANK INSTRUCTION

SELECT ONE OF THE FOLLOWING ☐ WIRE AND ACH ☒ WIRE ONLY ☐ ACH ONLY

Bank Name: JPMorgan Chase City: Dallas, TX

Bank ABA Number (9 digits): [REDACTED] Bank ABA for ACH (if different) (9 digits): _____

Bank Account Number: [REDACTED] Bank Account Name: City of Farmers Branch

Correspondent Bank Name (if any): NA Operating Account

Correspondent Bank ABA Number: _____ Account Number: _____

Delete Bank Instruction:

PLEASE INDICATE IF THIS WILL BE THE ☐ PRIMARY BANK INSTRUCTION OR ☐ ADDITIONAL BANK INSTRUCTION

SELECT ONE OF THE FOLLOWING ☐ WIRE AND ACH ☐ WIRE ONLY ☐ ACH ONLY

Bank Name: _____ City: _____

Bank ABA Number (9 digits): _____ Bank ABA for ACH (if different) (9 digits): _____

Bank Account Number: _____ Bank Account Name: _____

Correspondent Bank Name (if any): _____

Correspondent Bank ABA Number: _____ Account Number: _____

* If ACH availability is selected, I hereby authorize JPMorgan Chase Bank, N.A. to directly deposit and withdraw funds by means of ACH electronic transfer to and from the financial institution and the account designated above ("Designated Account"). I agree that this authorization may be withdrawn with at least 45-days advance written notice to LOGIC Participant Services. I understand that the LOGIC reserves the right to discontinue ACH electronic transfer without advance notice. I also authorize JPMorgan Chase Bank, N.A. to deduct from the Designated Account or from subsequent deposits made to the Designated Account all amounts deposited in error. I authorize JPMorgan Chase Bank, N.A. to credit all amounts withdrawn in error to Designated Account.

NOTE: This authorization must be executed by two current Authorized Representatives of the Participant on file with LOGIC.

As a current Authorized Representative, I certify that the above information is both true and correct.

Pamela De Hon
Authorized Representative Signature

Pamela De Hon
Printed Name

Accounting Manager 4-24-25
Title Date

[Signature]
Authorized Representative Signature

Lee Ann Huddleston
Printed Name

Finance Director 4-24-25
Title Date

Please complete this form either all typed or all handwritten. Forms with alterations (i.e. white out, mark out, etc.) will NOT be accepted.

LOGIC Participant Services

Email forms to: logic@hilltopsecurities.com

Phone: 800.895.6442 * Fax: 214.953.8878