

1. Certification of	Authorized Individu	als	
l,		(Name) hereby certify tha	t the following are authorized:
to add or delete users to access and/or transact with PTIF accounts; to add, delete, or make change			
to bank accounts tie	d to PTIF accounts; t	o open or close PTIF account	s; and to execute any
necessary forms in o	connection with such	changes on behalf of	
			lual must have a unique email.
Name	Title	Email	Signature(s)
(Name of Legal Entit	ty) shall remain in full	uals to act on behalf of	revocation from
	(Name of Legal I	Entity) is delivered to the Offic	e of the State Treasurer.
2. Signature of Au			
I, the undersi	gned,	(Title) of the above r	named entity, do hereby certify
that the forgoing is a	true copy of a resolu	ition adopted by the governing	g body for banking and
investments of said	entity on the	day of, 2	20, at which a quorum
was present and vot	ed; that said resolution	on is now in full force and effe	ct; and that the signatures as
shown above are ge	nuine.		
Signature	Date	Printed Name	Title
STATE OF UTAH)	
COUNTY OF		§)	
		/	
Subscribed and sworn to me on this		day of, 2	.0 , by
	(Name), as	(7	itle) of
		(Name of Entity), prov	
satisfactory evidence	to be the person(s) v	who appeared before me.	
	Signature		
(seal)		Signature	