



#20161214E

Resolution #1-2017

LM 1/11/17
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A Resolution authorizing County of Dauphin * (the "Governmental Entity") to join with other Pennsylvania local government entities and school districts as a Settlor of the Pennsylvania School District Liquid Asset Fund (the "Fund") for the purpose of investing funds of this County ** on a pooled basis with funds of other Pennsylvania local government entities and school districts.

Whereas, the Fund was formed as a common law trust on January 22, 1982 in accordance with the Pennsylvania Intergovernmental Cooperation Act and other applicable provisions of Pennsylvania law through the adoption of a Declaration of Trust (the "Declaration of Trust") by the initial Settlers of the Fund; and

Whereas, additional Pennsylvania local government entities and school districts may participate in, and benefit from, the programs of the Fund by becoming Settlers of the Fund and adopting the Declaration of Trust; and

Whereas, the Fund provides a means for the investment of funds of this Governmental Entity through an investment program consistent with good business practice that is economically advantageous to this Governmental Entity.

Now, Therefore, Be It Resolved As Follows:

Section 1. This Governmental Entity shall become a Settlor of the Fund in accordance with the Declaration of Trust by hereby adopting and entering into the Declaration of Trust in accordance with the terms of the Declaration of Trust and the provisions of the Pennsylvania Intergovernmental Cooperation Act as now in effect, and a copy of the Declaration of Trust shall be filed in the records of this Governmental Entity.

Section 2. This Governmental Entity may invest and withdraw funds pursuant to the investment program of the Fund in accordance with the provisions of the Declaration of Trust. The following officers or officials and their respective successors in office are hereby authorized, directed and empowered to take such actions and execute any and all such documents as they may deem necessary and appropriate to effectuate and evidence (i) the entry by this Governmental Entity into the Declaration of Trust, (ii) the investment and withdrawal of funds of this Governmental Entity pursuant to the investment program of the Fund, and (iii) the exercise of the rights, powers and privileges of this Governmental Entity as a Settlor of the Fund, including, without limitation, voting rights, pursuant to the Declaration of Trust***:

Jeff Haste

Print Name

Mike Pries

Print Name

George Hartwick, III

Print Name

Chairman

Title

Vice Chairman

Title

Secretary

Title

Signature

Signature

Signature

Section 3. The Trustees of the Fund are hereby designated as having official custody of this Governmental Entity's funds which are invested in accordance with the Declaration of Trust.

Section 4. As required and provided by the Pennsylvania Intergovernmental Cooperation Act (Section 1 of the Act of December 19, 1996, P.L. 1158, No. 177), the following matters are specified:

(a) The conditions of the agreement regarding intergovernmental cooperation are set forth in the Declaration of Trust;

(b) This Governmental Entity's participation in the Fund shall be terminable at any time by the delivery of a notice thereof to the Fund in accordance with the Declaration of Trust, and the Fund shall be terminable in accordance with the Declaration of Trust;

(c) The purpose and objectives of the Declaration of Trust are the investment of funds of this Governmental Entity in obligations and securities in which funds of this Governmental Entity may be legally invested as a part of a pooled arrangement with other Pennsylvania entities that constitute Local Governments as such term is defined in the Pennsylvania Intergovernmental Cooperation Act (Section 1 of the Act of December 19, 1996, P.L. 1158, No. 177) in order to achieve thereby economic and other advantages of such investments;

(d) It is not necessary to finance the agreement authorized herein from funds of this Governmental Entity except through the temporary investment of funds in accordance with the Declaration of Trust;

(e) The organizational structure necessary to implement the Declaration of Trust shall be as set forth in the Declaration of Trust and the affairs of the Fund shall be managed by the Trustees of the Fund;

(f) Funds of this Governmental Entity may be invested and withdrawn in accordance with the terms of the Declaration of Trust as this Governmental Entity may determine to be necessary or appropriate to meet its investment requirements; and

(g) If the Trustees of the Fund deem it to be appropriate, the Fund shall be empowered to enter into contracts for policies of group insurance and employee benefits, including Social Security, for such employees, if any, as it may have from time to time.

Section 5. All resolutions or parts of resolutions inconsistent herewith are hereby repealed.

Section 6. This resolution shall become effective on the earliest date permitted by law.

Notes:

* Insert the name of the Governmental Entity.

** Insert the type of Governmental Entity (i.e. borough, county, township, etc.)

*** Insert the titles of the officers and officials of the Governmental Entity who will be authorized to deal with the Fund and the investment and withdrawal of investments pursuant to the Fund's programs.

Completed forms may be submitted to PSDLAF via fax, email or regular U.S. mail.
Fax to 866-548-8633, Attn: PSDLAF | Scan and Email to: psdlaf@pmanetwork.com or rbc-cmg@rbc.com
Mail to: PSDLAF Administration, PMA Financial Network, Inc., 2135 CityGate Lane 7th FL, Naperville IL 60563

SECTION A: REGISTRATION INFORMATION

1. Entity (Settlor) Name to Appear on Fund Records (Common Name): County of Dauphin
2. Legal Entity Name (as filed with the IRS), if different from above: _____
3. Account Subtitle (Example: General, Payroll, Cafeteria): PNC Procurement
4. Is the account for Bond Proceeds? Yes or No
5. Settlor Address: 101 Market Street, Room 106, Harrisburg, PA 17101
6. Settlor Phone Number: 717-780-6570
7. Settlor Fax Number: 717-780-6483
8. Settlor Location (County): Dauphin
9. Settlor Website: www.dauphincounty.org

NOTE: To designate a primary contact person, please complete the form titled Primary Contact Information.

10. Settlor Federal Employer ID Number: [REDACTED]
11. Settlor Fiscal Year End (Month/Day): [REDACTED]

SECTION B: FUND PURCHASE OPTIONS (Deposits to PSDLAF)

12. Mark all that Apply:

- Same Day Fed Wire Purchase**
Refer to the form titled Wire Instruction Card for information on how to deposit a wire to your PSDLAF Account
- Next Day ACH Purchase**
Upon direction from the entity, the Fund initiates Automated Clearing House (ACH) transactions against the entity's bank of choice, for next-day credit to the entity's Fund account. Authorization remains in effect until revoked in writing by the entity. (To enable the ACH Purchase option, please complete the form titled Bank Account Information - ACH (Add or Delete))
- Next Day Sweep Purchase**
The Sweep Option transfers monies from the entity's local bank account and uses the proceeds to purchase shares of the Fund. This is an automatic transfer initiated by the Fund. Monies will be credited to PSDLAF on the next business day. (To enable the Sweep Option, please complete the form titled Sweep Information Application.)
- Purchases by Check Deposit at PNC Bank**
Made payable to the entity. (To enable the purchase by check deposit, please complete the form titled Deposit Ticket Request.)
- Direct Deposit of State Aid**
State aid payments may be sent directly to the entity's PSDMAX account with no minimum investment period. (To enable the State Aid option, please complete the form titled State Aid Sign Up Instructions.)



SECTION C: FUND REDEMPTION OPTIONS (WITHDRAWALS from PSDLAF)

13. Mark all that Apply:

Fed Wire Redemption

Authorization is hereby given for the Fund to honor any request, believed by it to be authentic, for the redemption of Fund shares, in whole or in part, of the entity. Proceeds from the redemption of the Fund shares shall be wire-transferred by the Fund only to the bank(s) of choice authorized by the entity. This authorization shall remain in place until modified in writing. (To enable the Fed Wire Redemption option please complete the form titled *Bank Account Information - Wire (Add or Delete)*.)

Next Day ACH Redemption

Upon direction from the entity, the Fund initiates Automated Clearing House (ACH) transactions against the entity's bank of choice, for next-day credit to the entity's bank account. Authorization remains in effect until revoked in writing by the entity. (To enable the ACH Redemption option, please complete the form titled *Bank Account Information - ACH (Add or Delete)*.)

Checkwriting

Please complete the form titled *Check Order Request*.

SECTION D: TELEPHONE DISCLOSURE

The Fund accepts telephone requests to redeem or purchase Fund shares to an Entity's approved depository. For the protection of the Entity, and the Fund Administrator, the Entity hereby authorizes the Fund Administrator, at its discretion, to monitor and/or record any or all telephone conversations between the Entity and any of the Fund Administrator's employees or agents which may be used in connection with any dispute between the parties or in any other way related to this Agreement.

SECTION E: CERTIFICATIONS

The Entity adopted the Resolution/Ordinance at a duly convened meeting of the governing body of the Entity held on the 11th day of January, 2017, and that such resolution or ordinance 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/Ordinance).

It is hereby certified that the Entity has reviewed the Fund's Information Statement and Declaration of Trust (and Addenda), and agrees to be bound by the terms of such documents. The Fund's Information Statement and Declaration of Trust (and Addenda) may be found at www.psdlaf.org.

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

Settlor Name: County of Dauphin

Authorized Individual as Designated in Resolution/Ordinance:

Signature: Printed Name: Jeff Haste

Date: 01/11/2016

(AFFIX SEAL)

Completed forms may be submitted to PSDLAF via fax, email or regular U.S. mail.
Fax to 866-548-8633, Attn: PSDLAF | Scan and Email to: psdlaf@pmanetwork.com or rbc-cmg@rbc.com
Mail to: PSDLAF Administration, PMA Financial Network, Inc., 2135 CityGate Lane 7th FL, Naperville IL 60563

Settlor Name: County of Dauphin

Select one of the following:

- I am an existing PSDLAF Settlor. I need to deactivate an existing Primary Contact and activate a new Primary Contact. (Complete Sections A, B, C and D below.)
- I am a new PSDLAF Settlor. I need to designate a Primary Contact for the first time. (Complete Sections B, C, and D below.)

SECTION A: EXISTING PSDLAF SETTLOR

- I am an existing PSDLAF Settlor. Please De-Activate _____ (name of person) as our PSDLAF Primary Contact, and Activate _____ (name of person) as our new PSDLAF Primary Contact.
- To verify account ownership, one of my existing PSDLAF account numbers is: _____
(I have attached Supporting Documentation, such as Board Resolution Appointing New Contact)

SECTION B: PRIMARY CONTACT INFORMATION

3. Please designate the PSDLAF Primary Contact person for your Entity:

Name: Timothy L. DeFoor Phone: 7177806574
Fax: 7177806483 Email: tdefoor@dauphinc.org
Title: Controller Address: 101 Market Street, Room 106, Harrisburg, PA 17101

SECTION C: ACCOUNT SECURITY / AUTHORITY

4. The above-named primary contact will have the authority to:
- Certify the Authorized Personnel at the Entity, and Specify the PMAGPS™ Access Capabilities;
 - Add, Change, Delete the Bank Information (ACH/Wire/E-Pay) PSDLAF has on File for the Entity;
 - Place Order for Checks, Deposit Tickets and Endorsement Stamps;
 - Certify the PNC Master Signature Cards;
 - Sign Up for State Aid Deposits, PSDLAF Sweep Services, Easy Procure, PaySchools; and
 - Open, Close, Change and Reactivate PSDLAF Account Information.
5. Security:
- Yes, the primary contact is authorized to move money (make purchases, redemptions, transfers and fixed rate investments).
6. Account Authority:
- Yes, the primary contact is authorized to all PSDLAF sub-accounts for my entity.
7. PSDLAF Statements and Confirmations:
- The primary contact elects to retrieve electronic statements, confirmations and other communications via PMAGPS™*, or
- PSDLAF will mail monthly statements and confirmations to the primary contact at the above address.
8. System Access: Access to PMAGPS™ will automatically be granted if the primary contact elects to receive electronic statements; a username and password will be sent via email and U.S. mail, respectively.
- Request access to PMAGPS* if electronic statements are not elected.

*The PMA Governmental Portfolio System ("PMAGPS™") is an online system that provides 24 hour access to your PSDLAF account(s).



9. 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.

10. Daily Activity:

- Yes, the above-named person will be the primary contact person for all PSDLAF daily activity.

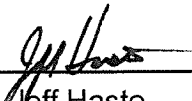
11. Proxy Activity:

- Yes, the primary contact will be the recipient of proxy related materials from PSDLAF.
- No, the primary contact will NOT be the recipient of proxy related materials. Proxy materials should be mailed to Vincent Paese (insert name), and I have completed the form titled *Authorized Personnel Information* form.

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

SECTION D: 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: 01/11/2016
Printed Name: Jeff Haste Phone: _____
Title: Chairman Email: _____

Completed forms may be submitted to PSDLAF via fax, email or regular U.S. mail.
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