



**IPASonline Authorized Users Form**

Name of Corporation, Partnership, Entity or Trust \_\_\_\_\_

I hereby certify that I am authorized by the aforementioned Corporation, Partnership, Entity or Trust, and am empowered to assign and appoint others as Authorized Users of IPASonline to invest and withdraw available moneys periodically for said Corporation, Partnership, Entity or Trust in accordance with the Joint Powers Agreement and Declaration of Trust. I hereby assign the following users empowered to act on all Trust accounts unless otherwise stated below:

Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Official Title \_\_\_\_\_

Witness my hand hereto affixed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
\_\_\_\_\_

Signature of Notary Public

**Authorized Users List:**  
**(attach an additional form if more than three Authorized Users are being named)**

**1**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Official Title \_\_\_\_\_  
 Authorized for Transactions or  View Only Access

**2**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Official Title \_\_\_\_\_  
 Authorized for Transactions or  View Only Access

**3**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Official Title \_\_\_\_\_  
 Authorized for Transactions or  View Only Access

**Name/Address of Person to Receive Statements:**

Name of Person to receive Statements \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mail this completed form to:**  
**South Dakota Public Funds Investment Trust**  
**208 Island Drive**  
**Ft. Pierre, SD 57532**

**If you have questions, call an FIT Administrator**  
**866-314-0060.**