



**AUTHORIZED USERS
for IPASonline™**

Name of Educational Institution _____

I hereby certify that I am authorized by the aforementioned Educational Institution and am empowered to assign and appoint others as Authorized Users of IPASonline™ to invest and withdraw available moneys periodically for said Educational Institution. I hereby assign the following users empowered to act on all Trust accounts unless otherwise stated below:

Authorized Users List:

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

Attach an additional form if more than three Authorized Users are being named.

Name of Person to receive Statements

By:

Authorized Signature

Mailing address to receive statements

Printed Name

City/State

Zip Code

Official Title

Phone

Witness my hand hereto affixed this _____ day of _____, _____.

Subscribed and sworn before me on this _____ day of _____, _____.

Signature of Notary Public

Mail this completed form to:
IPASeducation Administrator
1415 28th Street, Suite 200
West Des Moines, IA 50266-1461

If you have questions, call an IPASeducation Administrator at 866-720-2995.