



## IPASonline Authorized Users Form

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/Address of Person to Receive Statements:**

\_\_\_\_\_  
Name of Person to Receive Statements

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mailing address to receive Statements

\_\_\_\_\_  
Title Phone

\_\_\_\_\_  
City/State Zip Code

\_\_\_\_\_  
Authorized Signature Official

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

**Mail this completed form to:**  
TELF Administrator  
1415 28<sup>th</sup> Street, Suite 200  
West Des Moines, IA 50266-1461

**If you have questions, call a TELF Administrator  
866-720-2995.**