



## 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 Signature

\_\_\_\_\_  
Printed Name / Official Title

**NOTARY:**

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:**  
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.**