ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

TexSTAR

PARTICIPANT NAME: City of Grand Prairie **EFFECTIVE DATE:** 05-01-2019

PART I: DELETIONS - Please enter the Authorized Representatives to be *deleted*.

1. _____ 3. _____

2. _____ Inquiry: _____

PART II: ADDITIONS - Please enter the Authorized Representatives to be *added*.

1. Name: Brady Olsen Email: bolsen@gptx.org

   Signature: _____ Phone: 972-237-8099 Title: Treasury & Debt Manager

2. Name: _____ Email: _____

   Signature: _____ Phone: _____ Title: _____

3. Name: _____ Email: _____

   Signature: _____ Phone: _____ Title: _____

PART III: APPROVALS - Please enter the names of *all currently* Authorized Representatives to authorize the deletions and additions of the individuals above.

1. Name: Becky Brooks

   Signature: _____

   Title: Asst. CFO

2. Name: Jacqueline Hathorn

   Signature: _____

   Title: Treasury Analyst

3. Name: Diana Ortiz

   Signature: _____

   Title: CFO

4. Name: _____

   Signature: _____

   Title: _____

Official Seal of Participant
(REQUIRED)

CITY OF GRAND PRAIRIE GRAND PRAIRIE, TEXAS

REQUIRED
Attested By: _____
Printed Name: Susan Sanders
Title: Controller

Document with original signatures is required.

Mail originals to TexSTAR Participant Services * 1201 Elm Street, Suite 3500 * Dallas, Texas 75270