

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0420-016

DATE: April 13, 2020

RESOLUTION FOR APPOINTMENT OF TREASURER AND APPROVAL OF TREASURER'S SURETY BONDS

WHEREAS, the Board of Trustees of Lake Land College, Community College District No. 517 (the "College") is authorized by the Public Community College Act (the "Act") to oversee the financial affairs of the College and to appoint a College Treasurer, the faithful discharge of whose duties shall be secured by a surety bond(s) in accordance with Sections 3-18 and 3-19 of the Act, 110 ILCS 805/3-18 and -/3-19; and

WHEREAS, in October 2019 the Board appointed Ms. Jean Anne Grunloh, Senior Executive to the President, as Treasurer following the resignation of Mr. Bryan Gleckler, former Treasurer and Vice President for Business Services, until a new Vice President for Business Services could be appointed by the Board; and

WHEREAS, in February 2020 the Board appointed Mr. Greg Nuxoll as the Vice President for Business Services; and

WHEREAS, as part of the Annual Organizational Meeting the Board has the need to appoint the College Treasurer, revoke prior appointments and approve a surety bond(s) for the newly appointed Treasurer;

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford,

Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie and Shelby, State of Illinois (the "Board") as follows:

Section 1. The Board hereby appoints Mr. Greg Nuxoll to serve as Treasurer at the pleasure of the Board for no additional compensation.

Section 2. The Board hereby approves the Treasurer's Bonds, copies of which will be attached to and made a part of this Resolution, and authorizes the Chair and Secretary of the Board to sign the Bonds on the Board's behalf. The Surety Bonds will also be posted on the web page of the Lake Land College Board of Trustees.

Section 3. This Resolution shall take effect immediately upon passage.

ADOPTED this 13th day of April, 2020 by the following vote:

AYES:

NAYS:

ABSENT:

BOARD OF TRUSTEES
LAKE LAND COLLEGE
COMMUNITY COLLEGE DISTRICT NO. 517
COUNTIES OF CHRISTIAN, CLARK, CLAY,
COLES, CRAWFORD, CUMBERLAND,
DOUGLAS, EDGAR, EFFINGHAM, FAYETTE,
JASPER, MACON, MONTGOMERY,
MOULTRIE, AND SHELBY
STATE OF ILLINOIS

By: _____

Chair

Attest: _____

Secretary

SECRETARY'S CERTIFICATE

I, _____, the undersigned, do hereby certify that I am the duly qualified and acting Secretary of the Board of Trustees of Lake Land College, Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, State of Illinois, (the "College District") and as such official, I am the keeper of the records and files of the Board of Trustees of said College District.

I do further certify that the foregoing Resolution for Appointment of Treasurer and Approval of Treasurer's Surety Bond(s) is a true, correct and complete copy of that Resolution as adopted by the Board of Trustees of the College District at a meeting held on the 13th day of April, 2020.

I do further certify that the deliberations of the members of the Board of Trustees on the adoption of the Resolution were taken openly; that the vote on the adoption of the Resolution was taken openly; that the meeting was held at a specified time and place convenient to the public; that notice of the meeting was duly given to all newspapers, radio or television stations, and other news media requesting notice; and that the meeting was called and held in strict compliance with the provisions of the Illinois Open Meetings Act, as amended, and the applicable provisions of the Public Community College Act of the State of Illinois, and that this Board of Trustees has complied with all of the applicable provisions of said Acts and with all the procedural rules of the Board of Trustees.

IN WITNESS WHEREOF, I hereunto affix my official signature, this 13th day of April, 2020.

Secretary, Board of Trustees

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0420-017

DATE: April 13, 2020

RESOLUTION FOR COLLEGE TREASURER TO ACT AS FISCAL AGENT

WHEREAS, the Board of Trustees of Lake Land College, Community College District No. 517 (the "College") is authorized by the Illinois Public Community College Act to oversee the financial affairs of the College; and

WHEREAS, bank accounts are established in the name of the College for depositing and investing monies; and

WHEREAS, daily financial transactions are conducted to support the business needs of the College; and

WHEREAS, the Board of Trustees has elected Mr. Greg Nuxoll as Treasurer to oversee the business of the College; and

THEREFORE, BE IT RESOLVED by the Board of Trustees of Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie and Shelby, State of Illinois (the "Board") as follows:

Section 1: The Treasurer be authorized and directed to open bank accounts in the name of the College. Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit.

Section 2: The Treasurer be authorized and directed to borrow money on behalf and in the name of the College, sign, execute and deliver promissory notes or other evidences of indebtedness. The Treasurer be authorized and directed to endorse, assign, transfer, mortgage or pledge property now owned or hereafter acquired by the College as security for sums borrowed.

Section 3: The Treasurer and President sign all documents of promissory notes or other evidence of indebtedness.

Section 4: The Treasurer be authorized and directed to enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box on behalf and in the name of the College.

ADOPTED this 13th day of April, 2020 by the following vote:

AYES:

NAYS:

ABSENT:

BOARD OF TRUSTEES
LAKE LAND COLLEGE
COMMUNITY COLLEGE DISTRICT NO. 517
COUNTIES OF CHRISTIAN, CLARK, CLAY,
COLES, CRAWFORD, CUMBERLAND,
DOUGLAS, EDGAR, EFFINGHAM, FAYETTE,
JASPER, MACON, MONTGOMERY,
MOULTRIE, AND SHELBY
STATE OF ILLINOIS

By: _____

Chair

Attest: _____

Secretary

SECRETARY'S CERTIFICATE

I, _____, the undersigned, do hereby certify that I am the duly qualified and acting Secretary of the Board of Trustees of Lake Land College, Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, State of Illinois, (the "College District") and as such official, I am the keeper of the records and files of the Board of Trustees of said College District.

I do further certify that the foregoing Resolution for College Treasurer to Act as Fiscal Agent is a true, correct and complete copy of that Resolution as adopted by the Board of Trustees of the College District at a meeting held on the 13th day of April, 2020.

I do further certify that the deliberations of the members of the Board of Trustees on the adoption of the Resolution were taken openly; that the vote on the adoption of the Resolution was taken openly; that the meeting was held at a specified time and place convenient to the public; that notice of the meeting was duly given to all newspapers, radio or television stations, and other news media requesting notice; and that the meeting was called and held in strict compliance with the provisions of the Illinois Open Meetings Act, as amended, and the applicable provisions of the Public Community College Act of the State of Illinois, and that this Board of Trustees has complied with all of the applicable provisions of said Acts and with all the procedural rules of the Board of Trustees.

IN WITNESS WHEREOF, I hereunto affix my official signature, this 13TH day of April, 2020.

Secretary, Board of Trustees

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0420-018

DATE: April 13, 2020

RESOLUTION APPROVING SIGNATURE CARD, "CORPORATION AUTHORIZATION RESOLUTION" AND CERTIFICATION OF BENEFICIAL OWNERS OF LEGAL ENTITIES FOR DELIVERY TO DEPOSITORY MIDLAND STATES BANK

WHEREAS, the Board of Trustees of Lake Land College, Community College District No. 517 (the "College") is authorized by the Public Community College Act (the "Act") to oversee the financial affairs of the College, and has in that capacity previously designated Midland States Bank (the "Bank") as a depository bank for the College; and

WHEREAS, it is necessary and appropriate at this time to update the Signature Card, "Corporation Authorization Resolution" and Certification of Beneficial Owners of Legal Entities provided to the Bank;

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie and Shelby, State of Illinois (the "Board") as follows:

Section 1. The Board hereby approves the provisions and form of the Signature Card as shown on the copy of said document which, as completed and signed on behalf of the College by Board Treasurer Greg Nuxoll and College President Dr. Jonathan Bullock, is attached as Exhibit A to and hereby made a part of this Resolution.

Section 2. The Board further hereby approves the provisions and form of the Corporate Authorization Resolution as shown on the copy of said document which, as completed and signed by Board Secretary Gary Cadwell, College Vice President for Business

Services/Board Treasurer Greg Nuxoll, and College President Dr. Jonathan Bullock, is attached as Exhibit B to and hereby made a part of this Resolution.

Section 3. The Board further hereby approves the provisions and form of the Certification of Beneficial Owners of Legal Entities as shown on the copy of said document which, as completed and signed by Board Treasurer Greg Nuxoll, and College President Dr. Jonathan Bullock, is attached as Exhibit C to and hereby made a part of this Resolution.

Section 4. The Secretary of the Board shall cause the originals of the Signature Card, Corporate Authorization Resolution, and Certification of Beneficial Owners of Legal Entities to be delivered to Midland States Bank.

Section 5. This Resolution shall take effect immediately upon passage, and shall supersede and replace all Resolutions previously adopted by the Board which pertain to the subject matter hereof.

ADOPTED this 13th day of April, 2020 by the following vote:

AYES:

NAYS:

ABSENT:

BOARD OF TRUSTEES
LAKE LAND COLLEGE
COMMUNITY COLLEGE DISTRICT NO. 517
COUNTIES OF CHRISTIAN, CLARK, CLAY,
COLES, CRAWFORD, CUMBERLAND,
DOUGLAS, EDGAR, EFFINGHAM, FAYETTE,
JASPER, MACON, MONTGOMERY,
MOULTRIE, AND SHELBY
STATE OF ILLINOIS

By: _____

Chair

Attest: _____

Secretary

SECRETARY'S CERTIFICATE

I, _____, the undersigned, do hereby certify that I am the duly qualified and acting Secretary of the Board of Trustees of Lake Land College, Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, State of Illinois, (the "College District") and as such official, I am the keeper of the records and files of the Board of Trustees of said College District.

I do further certify that the foregoing Resolutions Approving Signature Card, Corporation Authorization Resolution, and Certification of Beneficial Owners of Legal Entities for Delivery to Midland States Bank is a true, correct and complete copy of that Resolution as adopted by the Board of Trustees of the College District at a meeting held on the 13th day of April, 2020.

I do further certify that the deliberations of the members of the Board of Trustees on the adoption of the Resolution were taken openly; that the vote on the adoption of the Resolution was taken openly; that the meeting was held at a specified time and place convenient to the public; that notice of the meeting was duly given to all newspapers, radio or television stations, and other news media requesting notice; and that the meeting was called and held in strict compliance with the provisions of the Illinois Open Meetings Act, as amended, and the applicable provisions of the Public Community College Act of the State of Illinois, and that this Board of Trustees has complied with all of the applicable provisions of said Acts and with all the procedural rules of the Board of Trustees.

IN WITNESS WHEREOF, I hereunto affix my official signature, this 13th day of April, 2020.

Secretary, Board of Trustees

Account Agreement

Date: 03/11/2020

Institution Name & Address
 Midland States Bank
 Effingham Main
 110 S 5th St
 Effingham, IL 62401-0000

Internal Use 106000713
Account Title & Address
 LAKE LAND COLLEGE
 5001 LAKE LAND BLVD
 MATTOON, IL 61938

Owner/Signer Information 1

Name: JONATHAN B BULLOCK
 Relationship: Authorized Signer
 Address: [REDACTED]
 Mailing Address (if different):
 Gov't Issued Photo ID (type, number, state, issue date, exp. date): [REDACTED]
 Other ID (description, details): [REDACTED]
 Employer:
 Previous Financial Inst.:
 E-Mail: JBULLOCK@LAKELANDCOLLEGE.EDU
 Work Phone: (217) 234-5012
 Home Phone: Mobile Phone:
 Birth Date: SSN/TIN: [REDACTED]

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: _____.

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms & Conditions
- Truth in Savings
- Funds Availability
- Electronic Fund Transfers
- Privacy
- Substitute Checks
- Common Features
- Service Fees

Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Ownership of Account

The specified ownership will remain the same for all accounts.

Individual
 Joint with Survivorship (not as tenants in common)
 Joint with No Survivorship (as tenants in common)

Sole Proprietorship or Single Member LLC Partnership
 LLC-enter tax classification (C Corp S Corp Partnership)
 C Corporation S Corporation Public Funds
 Trust-Separate Agreement Dated: _____

Beneficiary Designation
 (Check appropriate ownership above.)

Revocable Trust Pay-On-Death (POD)

Beneficiary Name(s), Address(es), and SSN(s)
 (Check appropriate beneficiary designation above.)

(1): [X]

JONATHAN B BULLOCK

I.D. # [REDACTED] D.O.B. [REDACTED]

(2): [X]

GREG J NUXOLL

I.D. # [REDACTED] D.O.B. [REDACTED]

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

I.D. # _____ D.O.B. _____

Corporate Authorization Resolution



Midland States Bank
Effingham Main
110 S 5th St
Effingham, IL 62401-0000

By: LAKE LAND COLLEGE
5001 LAKE LAND BLVD
MATTOON, IL 61938

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, [REDACTED], certify that I am Secretary (clerk) of the above named corporation organized under the laws of ILLINOIS, Federal Employer I.D. Number 37-0896233, engaged in business under the trade name of LAKE LAND COLLEGE, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 04/13/2020 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

Agents. Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

| Name and Title or Position | Signature | Facsimile Signature <i>(if used)</i> |
|----------------------------|-----------|---|
| JONATHAN BULLOCK | | |
| A. _____ | X _____ | X _____ |
| GREG NUXOLL | | |
| B. _____ | X _____ | X _____ |
| C. _____ | X _____ | X _____ |
| D. _____ | X _____ | X _____ |
| E. _____ | X _____ | X _____ |
| F. _____ | X _____ | X _____ |

- (5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Effect on Previous Resolutions. This resolution supersedes resolution dated 04/13/2020 . If not completed, all resolutions remain in effect.

Certification of Authority

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions stated above and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on 04/13/2020 (date).

Secretary

Attest by One Other Officer

| | | |
|--|------------|----------------------------|
| For Financial Institution Use Only | | SLT001 |
| Acknowledged and received on | 03/11/2020 | (date) by _____ (initials) |
| <input type="checkbox"/> This resolution is superseded by resolution dated _____ | | |
| Comments: | | |

Certification of Beneficial Owners of Legal Entities

| | | |
|---|--|---|
| Financial Institution Name: Midland States Bank Effingham Main | | Financial Institution Location: 110 S 5th St Effingham, IL 62401 |
| Financial Institution Contact Person: Shellie Travis | Contact Phone Number: (855) 696-4352 | Customer Portfolio/Identifier: LAA1786 |

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- ◆ An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- ◆ Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under the ownership section above may also be listed in the section below).

| Name/Title (of Person with Control) | | Date of Birth | Address (Residential or Business Street Address) | For U.S. Persons: Social Security Number | For Non-U.S. Persons: Social Security Number and country of issuance, or other similar identification number ¹ |
|---|--------|------------------|---|--|--|
| First | M.I. | | Street | | Number |
| Last | Suffix | | City | | Country of Issuance |
| Title | | | State & Zip | | |

¹ In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. Also, the Legal Entity named above agrees to notify the Financial Institution of any change in the beneficial ownership information on this Certification.

Signature: _____ Date: _____

For Institution Use Only:

| Name of Beneficial Owner | Type of Document | Document ID Number | Place of Issuance | Date of Issuance | Expiration Date |
|--------------------------|--------------------------|--------------------|-------------------|------------------|-----------------|
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |

Certification of Beneficial Owners of Legal Entities

| | | |
|---|--|---|
| Financial Institution Name: Midland States Bank Effingham Main | | Financial Institution Location: 110 S 5th St Effingham, IL 62401 |
| Financial Institution Contact Person: Shellie Travis | Contact Phone Number: (855) 696-4352 | Customer Portfolio/Identifier: LAA1786 |

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- ◆ An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- ◆ Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under the ownership section above may also be listed in the section below).

| Name/Title (of Person with Control) | | Date of Birth | Address (Residential or Business Street Address) | <i>For U.S. Persons:</i> Social Security Number | <i>For Non-U.S. Persons:</i> Social Security Number, Passport Number and country of issuance, or other similar identification number ¹ |
|---|--------|------------------|---|--|---|
| First | M.I. | | Street | | Number |
| Last | Suffix | | City | | Country of Issuance |
| Title | | | State & Zip | | |

¹ In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (*name of natural person opening account*), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. Also, the Legal Entity named above agrees to notify the Financial Institution of any change in the beneficial ownership information on this Certification.

Signature: _____ Date: _____

Additional Information (For Institutional Use Only):

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0420-019

DATE: April 13, 2020

RESOLUTION APPROVING SIGNATURE CARDS, "CORPORATION AUTHORIZATION RESOLUTION" AND SIGNATURE LIST OF PERSONNEL FOR CONDUCTING ORDINARY BUSINESS FOR DELIVERY TO DEPOSITORY FIRST MID BANK & TRUST

WHEREAS, the Board of Trustees of Lake Land College, Community College District No. 517 (the "College") is authorized by the Public Community College Act (the "Act") to oversee the financial affairs of the College, and has in that capacity previously designated First Mid Bank & Trust (the "Bank") as a depository bank for the College; and

WHEREAS, it is necessary and appropriate at this time to update the Signature Cards, "Corporation Authorization Resolution" and Signature List of Personnel for Conducting Ordinary Business provided to the Bank;

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie and Shelby, State of Illinois (the "Board") as follows:

Section 1. The Board hereby approves the provisions and form of the Signature Cards as shown on the copy of said document which, as completed and signed on behalf of the College by Board Treasurer Greg Nuxoll and College President Dr. Jonathan Bullock, is attached as Exhibit A to and hereby made a part of this Resolution.

Section 2. The Board further hereby approves the provisions and form of the Corporate Authorization Resolution as shown on the copy of said document which, as completed and signed by Board Secretary Gary Cadwell, College Vice President for Business

Services/Board Treasurer Greg Nuxoll, and College President Dr. Jonathan Bullock, is attached as Exhibit B to and hereby made a part of this Resolution.

Section 3. The Board further hereby approves the provisions and form of the Signature List of Personnel for Conducting Ordinary Business as shown on the copy of said document which, as completed and signed by Board Secretary Gary Cadwell, Board Treasurer Greg Nuxoll, and College President Dr. Jonathan Bullock, is attached as Exhibit C to and hereby made a part of this Resolution.

Section 4. The Secretary of the Board shall cause the originals of the Signature Cards, Corporate Authorization Resolution, and Signature List of Personnel for Conducting Ordinary Business to be delivered to First Mid Bank & Trust.

Section 5. This Resolution shall take effect immediately upon passage, and shall supersede and replace all Resolutions previously adopted by the Board which pertain to the subject matter hereof.

ADOPTED this 13th day of April, 2020 by the following vote:

AYES:

NAYS:

ABSENT:

BOARD OF TRUSTEES
LAKE LAND COLLEGE
COMMUNITY COLLEGE DISTRICT NO. 517
COUNTIES OF CHRISTIAN, CLARK, CLAY,
COLES, CRAWFORD, CUMBERLAND,
DOUGLAS, EDGAR, EFFINGHAM, FAYETTE,
JASPER, MACON, MONTGOMERY,
MOULTRIE, AND SHELBY
STATE OF ILLINOIS

By: _____

Chair

Attest: _____

Secretary

SECRETARY'S CERTIFICATE

I, _____, the undersigned, do hereby certify that I am the duly qualified and acting Secretary of the Board of Trustees of Lake Land College, Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, State of Illinois, (the "College District") and as such official, I am the keeper of the records and files of the Board of Trustees of said College District.

I do further certify that the foregoing Resolutions Approving Signature Cards, Corporation Authorization Resolution, and Signature List of Personnel for Conducting Ordinary Business for Delivery to First Mid Bank & Trust is a true, correct and complete copy of that Resolution as adopted by the Board of Trustees of the College District at a meeting held on the 13th day of April, 2020.

I do further certify that the deliberations of the members of the Board of Trustees on the adoption of the Resolution were taken openly; that the vote on the adoption of the Resolution was taken openly; that the meeting was held at a specified time and place convenient to the public; that notice of the meeting was duly given to all newspapers, radio or television stations, and other news media requesting notice; and that the meeting was called and held in strict compliance with the provisions of the Illinois Open Meetings Act, as amended, and the applicable provisions of the Public Community College Act of the State of Illinois, and that this Board of Trustees has complied with all of the applicable provisions of said Acts and with all the procedural rules of the Board of Trustees.

IN WITNESS WHEREOF, I hereunto affix my official signature, this 13th day of April, 2020.

Secretary, Board of Trustees

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

Agreement Date: 02/27/2020 By: Tylene Alexander

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: (52) Now Public Fund

Checking Savings NOW _____
Initial Deposit \$ 20,000.00 Source: On file

Ownership of Account - CONSUMER Purpose

- Individual _____
- Joint - With Survivorship (and not as tenants in common)
- Joint - No Survivorship (as tenants in common)
- Trust - Separate Agreement:

Revocable Trust or Pay-on-Death Designation
as Defined in this Agreement

(Name and Address of Beneficiaries):

Account Account Number: [REDACTED]
Number: Port Number: [REDACTED]

Account Owner(s) Name & Address

LAKE LAND COLLEGE
PAYROLL CASH
PAYROLL ACCOUNT D

C/O GREG NUXOLL
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Additional Information: Amendment to 21289 opened on
09/09/1977.

Reason for amendment: Changing account signers.WILL CHANGE
UPON RECEIPT OF FORMS PREPARED 02/27/2020

Signature(s). The undersigned certifies the accuracy of the information he/she has
provided and acknowledges receipt of a completed copy of this form. The undersigned
authorizes the financial institution to verify credit and employment history and/or have
a credit reporting agency prepare a credit report on the undersigned, as individuals.
The undersigned also acknowledge the receipt of a copy and agree to the terms of the
following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
- Electronic Fund Transfers Privacy Substitute Checks
- Common Features _____

The Internal Revenue Service does not require your consent to any
provision of this document other than the certifications required to
avoid backup withholding.

(1): [REDACTED]

JONATHAN BULLOCK
I.D. # [REDACTED] D.O.B. [REDACTED]

(2): [REDACTED]

GREG J NUXOLL
I.D. # [REDACTED] D.O.B. [REDACTED]

(3): [REDACTED]

I.D. # _____ D.O.B. _____

(4): [REDACTED]

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

[REDACTED]

I.D. # _____ D.O.B. _____

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
- LLC (LLC tax classification: C Corp S Corp Partnership)
- C Corporation S Corporation Non-Profit
- Corporation

Business: LAKE LAND COLLEGE

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

By signing at right, I, LAKE LAND COLLEGE,
certify under penalties of perjury that the statements made in this section are true.

TIN: 37-0896233 The Taxpayer Identification
Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. I am NOT subject to backup
withholding either because I have not been notified that I am subject to backup
withholding as a result of a failure to report all interest or dividends, or the Internal
Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipient. I am an exempt recipient under the Internal Revenue
Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am
exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined
in the instructions).

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

Agreement Date: 02/27/2020 By: Tylene Alexander

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: (52) Now Public Fund

Checking Savings NOW _____
Initial Deposit \$ 81.87 Source: On file

Ownership of Account - CONSUMER Purpose

Individual _____
 Joint - With Survivorship *(and not as tenants in common)*
 Joint - No Survivorship *(as tenants in common)*
 Trust - Separate Agreement: _____
 Revocable Trust or Pay-on-Death Designation
as Defined in this Agreement
(Name and Address of Beneficiaries): _____

Ownership of Account - BUSINESS Purpose

Sole Proprietorship Single-Member LLC Partnership
 LLC *(LLC tax classification: C Corp S Corp Partnership)*
 C Corporation S Corporation Non-Profit
 Corporation _____
Business: LAKE LAND COLLEGE

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

By signing at right, I, LAKE LAND COLLEGE, certify under penalties of perjury that the statements made in this section are true.

TIN: 37-0896233 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Account Account Number: [REDACTED]
Number: Port Number: [REDACTED]

Account Owner(s) Name & Address
LAKE LAND COLLEGE
WORKING CASH FUND

C/O GREG NUXOLL
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Additional Information: CHANGING SIGNERS ON ACCOUNT WILL CHANGE UPON RECEIPT OF FORMS PREPARED 02/27/2020

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
- Electronic Fund Transfers Privacy Substitute Checks
- Common Features _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [REDACTED]

GREG NUXOLL
I.D. # [REDACTED] D.O.B. [REDACTED]

(2): [REDACTED]

JONATHAN BULLOCK
I.D. # [REDACTED] D.O.B. [REDACTED]

(3): [REDACTED]

I.D. # _____ D.O.B. _____

(4): [REDACTED]

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

[REDACTED]

I.D. # _____ D.O.B. _____

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

Account Account Number: [REDACTED]
Number: Port Number: [REDACTED]

Account Owner(s) Name & Address
LAKE LAND COLLEGE
CREDIT CARD ACCOUNT

C/O GREG NUXOLL
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Agreement Date: 02/27/2020 By: Tylene Alexander

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: (52) Now Public Fund

Additional Information: CHANGING SIGNERS ON ACCOUNT WILL CHANGE UPON RECEIPT OF FORMS PREPARED 02/27/2020

Checking Savings NOW _____
Initial Deposit \$ 2.00 Source: On file

Ownership of Account - CONSUMER Purpose
 Individual _____
 Joint - With Survivorship (and not as tenants in common)
 Joint - No Survivorship (as tenants in common)
 Trust - Separate Agreement:

 Revocable Trust or Pay-on-Death Designation as Defined in this Agreement
 (Name and Address of Beneficiaries):

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
- Electronic Fund Transfers Privacy Substitute Checks
- Common Features _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Ownership of Account - BUSINESS Purpose
 Sole Proprietorship Single-Member LLC Partnership
 LLC (LLC tax classification: C Corp S Corp Partnership)
 C Corporation S Corporation Non-Profit
 Corporation
 Business: LAKE LAND COLLEGE

Backup Withholding Certifications (Non-U.S. Persons* - Use separate Form W-8)
 By signing at right, I, LAKE LAND COLLEGE, certify, under penalties of perjury that the statements made in this section are true.
 TIN: 37-0896233 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
 Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

(1): [X [REDACTED]]
GREG NUXOLL

I.D. # [REDACTED] D.O.B. [REDACTED]

(2): [X [REDACTED]]
JONATHAN BULLOCK

I.D. # [REDACTED] D.O.B. [REDACTED]

(3): [X [REDACTED]]

I.D. # _____ D.O.B. _____

(4): [X [REDACTED]]

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

[X [REDACTED]]

I.D. # _____ D.O.B. _____

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

Agreement Date: 02/27/2020 By: Tylene Alexander

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: (52) Now Public Fund

Checking Savings NOW _____
Initial Deposit \$ 8,818.29 Source: On file

Ownership of Account - CONSUMER Purpose

- Individual _____
- Joint - With Survivorship *(and not as tenants in common)*
- Joint - No Survivorship *(as tenants in common)*
- Trust - Separate Agreement: _____

Revocable Trust or Pay-on-Death Designation
as Defined in this Agreement
(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
- LLC *(LLC tax classification: C Corp S Corp Partnership)*
- C Corporation S Corporation Non-Profit
- Corporation

Business: LAKE LAND COLLEGE

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

By signing at right, I, LAKE LAND COLLEGE,
certify under penalties of perjury that the statements made in this section are true.

TIN: 37-0896233 The Taxpayer Identification
Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. I am NOT subject to backup
withholding either because I have not been notified that I am subject to backup
withholding as a result of a failure to report all interest or dividends, or the Internal
Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipient. I am an exempt recipient under the Internal Revenue
Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am
exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined
in the instructions).

Account Account Number: [REDACTED]
Number: Port Number: [REDACTED]

Account Owner(s) Name & Address
LAKE LAND COLLEGE
NDSL FED FUNDS 1349

C/O GREG NUXOLL
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Additional Information: CHANGING SIGNERS ON ACCOUNT WILL
CHANGE UPON RECEIPT OF FORMS PREPARED 02/27/2020

Signature(s). The undersigned certifies the accuracy of the information he/she has
provided and acknowledges receipt of a completed copy of this form. The undersigned
authorizes the financial institution to verify credit and employment history and/or have a
credit reporting agency prepare a credit report on the undersigned, as individuals.
The undersigned also acknowledge the receipt of a copy and agree to the terms of the
following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
- Electronic Fund Transfers Privacy Substitute Checks
- Common Features _____

The Internal Revenue Service does not require your consent to any
provision of this document other than the certifications required to
avoid backup withholding.

(1): [X [REDACTED]]
GREG NUXOLL

I.D. # [REDACTED] D.O.B. [REDACTED]

(2): [X [REDACTED]]
JONATHAN BULLOCK

I.D. # [REDACTED] D.O.B. [REDACTED]

(3): [X [REDACTED]]

I.D. # _____ D.O.B. _____

(4): [X [REDACTED]]

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

[X [REDACTED]]

I.D. # _____ D.O.B. _____

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

Account Account Number:
Number: Port Number:

Account Owner(s) Name & Address
LAKE LAND COLLEGE
FLEX SPENDING

C/O GREG NUXOLL
5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Agreement Date: 02/27/2020 By: Tylene Alexander
[X] EXISTING Account - This agreement replaces previous agreement(s).
Account Description: (52) Now Public Fund

Additional Information: CHANGING SIGNERS ON ACCOUNT WILL
CHANGE UPON RECEIPT OF FORMS PREPARED 02/27/2020

[X] Checking [] Savings [] NOW []
Initial Deposit \$ 1.00 Source: On file

Signature(s). The undersigned certifies the accuracy of the information he/she has
provided and acknowledges receipt of a completed copy of this form. The undersigned
authorizes the financial institution to verify credit and employment history and/or have
a credit reporting agency prepare a credit report on the undersigned, as individuals.
The undersigned also acknowledge the receipt of a copy and agree to the terms of the
following agreement(s) and/or disclosure(s):

Ownership of Account - CONSUMER Purpose
[] Individual []
[] Joint - With Survivorship (and not as tenants in common)
[] Joint - No Survivorship (as tenants in common)
[] Trust - Separate Agreement:
[] Revocable Trust or [] Pay-on-Death Designation
as Defined in this Agreement
(Name and Address of Beneficiaries):

- [X] Terms & Conditions [] Truth in Savings [X] Funds Availability
[] Electronic Fund Transfers [] Privacy [] Substitute Checks
[X] Common Features []

The Internal Revenue Service does not require your consent to any
provision of this document other than the certifications required to
avoid backup withholding.

Ownership of Account - BUSINESS Purpose
[] Sole Proprietorship [] Single-Member LLC [] Partnership
[] LLC (LLC tax classification: [] C Corp [] S Corp [] Partnership)
[] C Corporation [] S Corporation [] Non-Profit
[X] Corporation
Business: LAKE LAND COLLEGE

(1): [X] GREG NUXOLL
I.D. # D.O.B.

(2): [X] JONATHAN BULLOCK
I.D. # D.O.B.

(3): [X]
I.D. # D.O.B.

(4): [X]
I.D. # D.O.B.
[] Authorized Signer (Individual Accounts Only)

[X]
I.D. # D.O.B.

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)
[X] By signing at right, I, LAKE LAND COLLEGE
certify under penalties of perjury that the statements made in this section are true.
[X] TIN: 37-0896233 The Taxpayer Identification
Number (TIN) shown is my correct taxpayer identification number.
[X] Not Subject to Backup Withholding. I am NOT subject to backup
withholding either because I have not been notified that I am subject to backup
withholding as a result of a failure to report all interest or dividends, or the Internal
Revenue Service has notified me that I am no longer subject to backup withholding.
[] Exempt Recipient. I am an exempt recipient under the Internal Revenue
Service Regulations. Exempt payee code (if any)
FATCA Code. The FATCA code entered on this form (if any) indicating that I am
exempt from FATCA reporting is correct.
U.S. Person. I am a U.S. citizen or other U.S. person (as defined
in the instructions).

ACCOUNT AGREEMENT

FIRST MID BANK & TRUST

PO BOX 499
MATTOON, IL 61938

Agreement Date: 02/27/2020 By: Tylene Alexander

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: (52) Now Public Fund

Checking Savings NOW
Initial Deposit \$ 1,000.00 Source: On file

Ownership of Account - CONSUMER Purpose

- Individual
Joint - With Survivorship
Joint - No Survivorship
Trust - Separate Agreement

Revocable Trust or Pay-on-Death Designation
as Defined in this Agreement
(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
LLC (LLC tax classification: C Corp S Corp Partnership)
C Corporation S Corporation Non-Profit
Corporation

Business: LAKE LAND COLLEGE

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

By signing at right, I, LAKE LAND COLLEGE
certify under penalties of perjury that the statements made in this section are true.

TIN: 37-0896233 The Taxpayer Identification
Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. I am NOT subject to backup
withholding either because I have not been notified that I am subject to backup
withholding as a result of a failure to report all interest or dividends, or the Internal
Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipient. I am an exempt recipient under the Internal Revenue
Service Regulations. Exempt payee code (if any)

FATCA Code. The FATCA code entered on this form (if any) indicating that I am
exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined
in the instructions).

Account Account Number:
Number: Port Number:

Account Owner(s) Name & Address
LAKE LAND COLLEGE

5001 LAKE LAND BLVD
MATTOON IL 61938-9366

Additional Information: CHANGING SIGNERS ON ACCOUNT WILL
CHANGE UPON RECEIPT OF FORMS PREPARED 02/27/2020

Signature(s). The undersigned certifies the accuracy of the information he/she has
provided and acknowledges receipt of a completed copy of this form. The undersigned
authorizes the financial institution to verify credit and employment history and/or have
a credit reporting agency prepare a credit report on the undersigned, as individuals.
The undersigned also acknowledge the receipt of a copy and agree to the terms of the
following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
Electronic Fund Transfers Privacy Substitute Checks
Common Features

The Internal Revenue Service does not require your consent to any
provision of this document other than the certifications required to
avoid backup withholding.

(1): [X]
GREG NOXOLL

I.D. # D.O.B.

(2): [X]
JONATHAN BULLOCK

I.D. # D.O.B.

(3): [X]

I.D. # D.O.B.

(4): [X]

I.D. # D.O.B.

Authorized Signer (Individual Accounts Only)

[X]

I.D. # D.O.B.

Corporate Authorization Resolution

FIRST MID BANK & TRUST

By: LAKE LAND COLLEGE
PAYROLL CASH
PAYROLL ACCOUNT D
5001 LAKE LAND BLVD
MATTOON IL 61938-9366


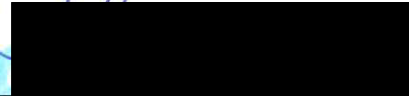
PO BOX 499
MATTOON, IL 61938

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, _____, certify that I am Secretary (clerk) of the above named corporation organized under the laws of ILLINOIS _____, Federal Employer I.D. Number 37-0896233, engaged in business under the trade name of LAKE LAND COLLEGE, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on _____ (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

Agents. Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

| Name and Title or Position | Signature | Facsimile Signature (if used) |
|----------------------------|--|----------------------------------|
| A. JONATHAN BULLOCK | X  | X _____ |
| B. GREG J NUXOLL TREA | X  | X _____ |
| C. _____ | X _____ | X _____ |
| D. _____ | X _____ | X _____ |
| E. _____ | X _____ | X _____ |
| F. _____ | X _____ | X _____ |

Powers Granted. (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

| Indicate A, B, C, D, E, and/or F | Description of Power | Indicate number of signatures required |
|----------------------------------|--|--|
| N/A | (1) Exercise all of the powers listed in this resolution. | N/A |
| A B | (2) Open any deposit or share account(s) in the name of the Corporation. | 1 |
| A B | (3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution. | 1 |
| N/A | (4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness. | N/A |
| N/A | (5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment. | N/A |
| _____ | (6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution. | _____ |
| _____ | (7) Other: | _____ |

Limitations on Powers. The following are the Corporation's express limitations on the powers granted under this resolution.

Resolutions

The Corporation named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as an Agent of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated in this resolution, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

- (5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Effect on Previous Resolutions. This resolution supersedes resolution dated _____ N/A . If not completed, all resolutions remain in effect. # 21289, 50032, 168601, 1204774, 9429886

Certification of Authority

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions stated above and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on _____ (date).

Secretary

Attest by One Other Officer

| | |
|--|----------------------------|
| For Financial Institution Use Only | |
| Acknowledged and received on _____ | (date) by _____ (initials) |
| <input type="checkbox"/> This resolution is superseded by resolution dated _____ | |
| Comments: | |
| | |

LAKE LAND COLLEGE

Relationship Name: LAKE LAND COLLEGE 17-64344

Signature List of Personnel For Conducting Ordinary Business

The following personnel are authorized to conduct ordinary Fiduciary services:

| Name | Title | Specimen Signature |
|-------|-------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I verify that the above personnel are authorized to conduct ordinary business.

Date: _____

Signed: _____

Name printed or typed: _____

Title: _____

Corporate Seal:

Eastern Region Center
224 South Sixth St.
Marshall, Illinois 62441
217-826-8490

**The Kluthe Center for Higher
Education and Technology**
1204 Network Center Blvd.
Effingham, Illinois 62401
217-540-3555

Lake Land College
5001 Lake Land Blvd.
Mattoon, Illinois 61938
217-234-5253
lakelandcollege.edu

Western Region Center
600 East First St.
Pana, Illinois 62557
217-562-5000

**Workforce
Development Center**
305 Richmond Ave. East
Mattoon, Illinois 61938
217-235-2222

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0420-020

DATE: April 13, 2020

RESOLUTION APPROVING NON-CORPORATE AGREEMENT AND CERTIFICATION OF BENEFICIAL OWNER(S) FORMS FOR DELIVERY TO DEPOSITORY WELLS FARGO ADVISORS, LLC

WHEREAS, the Board of Trustees of Lake Land College, Community College District No. 517 (the "College") is authorized by the Public Community College Act (the "Act") to oversee the financial affairs of the College, and has in that capacity previously designated Wells Fargo Advisors, LLC (the "Investment Service") as an investment service for the College; and

WHEREAS, it is necessary and appropriate at this time to update the Non-Corporate Agreements and Associated Person Information Forms provided to the Investment Service;

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie and Shelby, State of Illinois (the "Board") as follows:

Section 1. The Board hereby approves the provisions and form of the Non-Corporate Agreement as shown on the copy of said document which, as completed and signed on behalf of the College by Board Secretary Gary Cadwell, College President Dr. Jonathan Bullock and Board Treasurer Greg Nuxoll, is attached as Exhibit A to and hereby made a part of this Resolution.

Section 2. The Board further hereby approves the provisions and form of the Certification of Beneficial Owner(s) forms as shown on the copy of said document which, as completed and signed by College President Dr. Jonathan Bullock and College Vice President

for Business Services/Board Treasurer Greg Nuxoll, is attached as Exhibit B to and hereby made a part of this Resolution.

Section 3. The Secretary of the Board shall cause the originals of the Non-Corporate Agreements and the Associated Person Information Forms to be delivered to Wells Fargo Advisors, LLC.

Section 4. This Resolution shall take effect immediately upon passage, and shall supersede and replace all Resolutions previously adopted by the Board which pertain to the subject matter hereof.

ADOPTED this 13th day of April, 2020 by the following vote:

AYES:

NAYS:

ABSENT:

BOARD OF TRUSTEES
LAKE LAND COLLEGE
COMMUNITY COLLEGE DISTRICT NO. 517
COUNTIES OF CHRISTIAN, CLARK, CLAY,
COLES, CRAWFORD, CUMBERLAND,
DOUGLAS, EDGAR, EFFINGHAM, FAYETTE,
JASPER, MACON, MONTGOMERY,
MOULTRIE, AND SHELBY
STATE OF ILLINOIS

By: _____

Chair

Attest: _____

Secretary

SECRETARY'S CERTIFICATE

I, _____, the undersigned, do hereby certify that I am the duly qualified and acting Secretary of the Board of Trustees of Lake Land College, Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, State of Illinois, (the "College District") and as such official, I am the keeper of the records and files of the Board of Trustees of said College District.

I do further certify that the foregoing Non-Corporate Agreement and Certification of Beneficial Owner(s) Forms to Wells Fargo Advisors, LLC is a true, correct and complete copy of that Resolution as adopted by the Board of Trustees of the College District at a meeting held on the 13th day of April, 2020.

I do further certify that the deliberations of the members of the Board of Trustees on the adoption of the Resolution were taken openly; that the vote on the adoption of the Resolution was taken openly; that the meeting was held at a specified time and place convenient to the public; that notice of the meeting was duly given to all newspapers, radio or television stations, and other news media requesting notice; and that the meeting was called and held in strict compliance with the provisions of the Illinois Open Meetings Act, as amended, and the applicable provisions of the Public Community College Act of the State of Illinois, and that this Board of Trustees has complied with all of the applicable provisions of said Acts and with all the procedural rules of the Board of Trustees.

IN WITNESS WHEREOF, I hereunto affix my official signature, this 13th day of April, 2020.

Secretary, Board of Trustees

Non-Corporate Agreement

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Sub Firm # | BR Code | FA Code | Account Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

(Office Use Only)

The undersigned Non-Corporate Organization _____ (herein called the "Organization"), by its President, Partner or other Chief Officer, pursuant to the resolutions, certified by the Secretary, hereby authorizes you to open an account in the name of said Organization; and the undersigned also agrees to the terms of the Account Agreement signed under separate cover. This authorization shall continue in force until revoked by the undersigned Organization by a written notice received by you.

| | | |
|--|--|-----------------|
| President, Partner or Other Signature <i>X</i> [Redacted] | President, Partner or Other Name and Title | Date 3-17-20 |
|--|--|-----------------|

Resolved, that the President or any Vice President of this Organization (or any similarly titled Officer or Partner) or any other officer or person whose name is provided on the certification on the front of this resolution, be and they hereby are, and each of them hereby is, authorized and empowered, for and on behalf of this Organization to establish and maintain one or more accounts, with _____ (herein called the "Brokers") and to deposit funds in any of said accounts and to deliver to the Brokers for said accounts any and all forms of securities (including within the meaning of such terms as used herein, but not by way of limitation, shares, stocks, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, option warrants, certificates of deposit, mortgages, chooses in action, evidences of indebtedness, commercial paper, certificates of indebtedness and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates or otherwise); to sell any and all forms of securities which may be in the possession of the Brokers and which they may be carrying for the Organization in any of said accounts; and to buy any and all forms of securities for the account of the Organization.

The fullest authority at all times with respect to any such commitment or with respect to any transaction deemed by any of the said officers and/or agents to be proper in connection therewith is hereby conferred, including authority (without limiting the generality of the foregoing) to give written or oral instructions to the brokers with respect to said transactions; to bind and obligate the Organization to and for the carrying out of any contract, arrangement, or transaction, which shall be entered into by any such officer and/or agent for and on behalf of the Organization with or through the Brokers; to pay in cash or by checks and/or drafts drawn upon the funds of the Organization such sums as may be necessary in connection with any of the said account; to order the transfer or delivery of funds or securities to any other person whatsoever, including to the President, Vice President or other officer giving such instructions or to any officer of the Organization, or to the account of any officer of the Organization or to any account in which they may have an interest; and/or to order the transfer of record of any securities to any name selected by any of the said officers or agents; to affix the corporate seal to any documents or agreements, or otherwise; to endorse any securities in order to pass title thereto; to direct the sale or exercise of any rights with respect to any securities; to sign for the Organization all releases, powers of attorney and/or other documents in connection with any such account, and to agree to any terms or conditions to control any such account; to direct the Brokers to surrender any securities to the proper agent or party for the purpose of effecting any exchange or conversion, or for the purpose of deposit with any protective or similar committee, or otherwise; to accept delivery of any securities; to appoint any other person or persons to do any and all things which any of the said officers and/or agents is hereby empowered to do, and generally to do and take all action necessary in connection with the account, or considered desirable by such officer and/or agent with respect thereto.

Further Resolved, that the Brokers may deal with any and all of the persons directly or indirectly by the foregoing resolution empowered, as though they were dealing with the Corporation directly.

Further Resolved, that the Secretary of the Organization be and he/she hereby is authorized, empowered and directed to certify, under the seal of the Organization, or otherwise, to the Brokers: (a) a true copy of these resolutions; (b) specimen signatures of each and every person by these resolutions empowered; and (c) a certificate (which, if required by the Brokers, shall be supported by an opinion of the general counsel of the Organization, or other counsel satisfactory to the Brokers) that the Organization is duly organized and existing, that its charter empowers it to transact the business by these resolutions defined, and that no limitation has been imposed upon such powers by the By-Laws or otherwise.

Further Resolved, that the Brokers may rely upon any certification given in accordance with these resolutions, as continuing fully effective unless and until the Brokers shall receive due written notice of a change in or the rescission of authority as evidenced, and the dispatch or receipt of any other form of notice shall not constitute a waiver of this provision, nor shall the fact that any person hereby empowered ceases to be an officer of the Organization or becomes an officer under some other title in any way affect the powers hereby conferred. The failure to supply any specimen signature shall not invalidate any transaction if the transaction is in accordance with authority actually granted.

Further Resolved, that in the event of any change in the office or powers of persons hereby empowered. The Secretary shall certify such changes to the Brokers in writing in the manner hereinabove provided, which notification, when received, shall be adequate both to terminate the powers of the persons theretofore authorized, and to empower the persons thereby substituted.

Further Resolved, that the foregoing resolutions and the certificates actually furnished to the Brokers by the Secretary of the Organization pursuant thereto, be and they hereby are made irrevocable until written notice of the revocation thereof shall have been received by the Brokers.

I further certify that each of the following has been duly elected and is now legally holding the office set opposite his name and is authorized to give any instructions on behalf of the Organization as indicated on the resolutions above or pursuant to other currently effective authorization of the Organization.

| | |
|--------------------------------|---|
| Signature Line 1 [Redacted] | Jonathan B. Bullock, President Name and Title (please print) |
| Signature Line 2 [Redacted] | Greg Nuxoll, Treasurer Name and Title (please print) |
| Signature Line 3 | Name and Title (please print) |
| Signature Line 4 | Name and Title (please print) |

I do further certify that the said Organization is duly organized and existing, and has the power to take the action called for by the aforesaid resolutions.

IN WITNESS WHEREOF, I have hereunto affixed my hand and the seal of the said corporation, this _____ day of _____, _____

Secretary or Other Authorized Person's Signature _____

Certification of Beneficial Owner(s) - General Instructions



What is this form?

To protect investors and combat financial crime, Federal regulation requires Wells Fargo Advisors to obtain, verify, and record information about the beneficial owners of legal entity customers at the time of account opening or when there are changes to beneficial owners on the account.

Failure to return this completed and signed Certifications of Beneficial Owner(s) form will result in restrictions to your ability to transact on the account.

Who has to complete this form?

The person who provided the information on this form, used to open the account or modify the existing account, is required to sign the form.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country unless the legal entity qualifies for an exemption.

What information do I have to provide?

You will need to complete the date of birth (all) and Social Security number (as applicable) for each beneficial owner listed on the attached form prior to **signing** and returning to Wells Fargo Advisors. Wells Fargo Advisors is required by Federal regulations to obtain for display on this form the name, address, date of birth, and Social Security number (or passport number or other similar information for non-U.S. persons) for each **beneficial owner** of the legal entity.

Although you already provided this information, the **date of birth and Social Security number fields have not been pre-populated on the attached form** in order to protect this personal information (see insert below). Please see instructions at the bottom of this page on how to return this form securely. All information must be completed on the form; this page is for instruction only.

| | | | | |
|----|---|--|---|---|
| 1. | Full Legal Name <i>Jane Marie Doe</i> | | | |
| | Date of Birth <i>MM/DD/YYYY</i> <small>(complete this section for all persons)</small> | Social Security Number (for U.S. Persons)* <i>XXX-XX-XXXX</i> <small>(If non-US Person, leave blank)</small> | Government ID Type** <i>Passport or government ID type</i> <small>(If US Person, leave blank)</small> | ID/Place of Issuance** <i>Passport or government ID number and place of issuance (If US person, leave blank)</i> |
| | Physical Address (Cannot be a P.O. Box) <i>Jane Doe's complete physical address (Street, city, state, zip)</i> | | | |

The form will not be considered complete unless all the identifying information (name, address, date of birth, and Social Security number (or for non-U.S. persons, passport number or other similar information)) is displayed for each beneficial owner on the form.

Beneficial owners are defined as:

- (i) Each individual, if any, who (1) owns, directly or indirectly, 10 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 10 percent or more of the shares of a corporation) or (2) serves as a trustee for a trust that owns, directly or indirectly, 10 percent or more of the equity interests of the legal entity customer; **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary, and the same individual might be identified under both sections. A completed form will contain **all** the identifying information of **all** beneficial owners identified on the account, with a minimum of at least one individual (under section D), and up to ten additional individuals (under section C if they meet the 10% requirement described above).

To protect the personal information displayed on this form, Wells Fargo Advisors recommends you utilize one of the following secure methods to return the signed, completed form:

- In person with your Financial Advisor;
- Electronically by encrypted email or fax; or
- Secure mail via USPS or other common carrier (domestic or international) with automated tracking and tamper evident packaging

Investment and Insurance Products:

Not Insured by FDIC or any Federal Government Agency | May Lose Value | Not a Deposit of or Guaranteed by a Bank or any Bank Affiliate

Wells Fargo Advisors is a trade name used by Wells Fargo Clearing Services, LLC (WFCS) and Wells Fargo Advisors Financial Network, LLC, separate registered broker-dealers and non-bank affiliates of Wells Fargo & Company. WellsTrade brokerage accounts are offered through WFCS under the trade name Wells Fargo Advisors.

Certification of Beneficial Owner(s)



| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Sub Firm # | BR Code | FA Code | Account Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

(Office Use Only)

Persons opening/modifying an account on behalf of a legal entity must provide the following information. Please re-confirm the Date of Birth and Social Security Number for each individual listed in C and D below by completing the blank fields. This information is required.

A. Full Legal Name of individual opening/modifying the Account on behalf of legal entity (i.e., the individual providing the beneficial ownership information used to open/modify the account):

| | |
|--|---------------------------|
| Full Legal Name JONATHAN BULLOCK | Title PRESIDENT |
|--|---------------------------|

B. Legal Name, Business Type, and Address of legal entity for which the Account is being opened/modified:

| |
|--|
| Legal Name LAKE LAND COLLEGE |
| Business Type RELIGIOUS /NONPROFIT |
| Physical Address (Cannot be a P.O. Box) 5001 LAKE LAND BLVD MATTOON IL 61938 |

C. The following information for each of the following individuals, if any, who:

- Own, directly or indirectly, through any contract, understanding, relationship, or otherwise, 10 percent or more of the equity interests of the legal entity listed above
- Serve as the trustee of a trust that owns, directly or indirectly, through any contract, understanding, relationship, or otherwise, 10 percent or more of the equity interests of the legal entity listed above

| | |
|-----------|---|
| 1. | Full Legal Name <input type="text"/> |
| | Date of Birth <input type="text"/> Social Security No. (for U.S. Persons)* <input type="text"/> Government ID Type** <input type="text"/> ID/Place of Issuance** <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) <input type="text"/> |
| 2. | Full Legal Name <input type="text"/> |
| | Date of Birth <input type="text"/> Social Security No. (for U.S. Persons)* <input type="text"/> Government ID Type** <input type="text"/> ID/Place of Issuance** <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) <input type="text"/> |
| 3. | Full Legal Name <input type="text"/> |
| | Date of Birth <input type="text"/> Social Security No. (for U.S. Persons)* <input type="text"/> Government ID Type** <input type="text"/> ID/Place of Issuance** <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) <input type="text"/> |
| 4. | Full Legal Name <input type="text"/> |
| | Date of Birth <input type="text"/> Social Security No. (for U.S. Persons)* <input type="text"/> Government ID Type** <input type="text"/> ID/Place of Issuance** <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) <input type="text"/> |
| 5. | Full Legal Name <input type="text"/> |
| | Date of Birth <input type="text"/> Social Security No. (for U.S. Persons)* <input type="text"/> Government ID Type** <input type="text"/> ID/Place of Issuance** <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) <input type="text"/> |
| 6. | Full Legal Name <input type="text"/> |
| | Date of Birth <input type="text"/> Social Security No. (for U.S. Persons)* <input type="text"/> Government ID Type** <input type="text"/> ID/Place of Issuance** <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) <input type="text"/> |
| 7. | Full Legal Name <input type="text"/> |
| | Date of Birth <input type="text"/> Social Security No. (for U.S. Persons)* <input type="text"/> Government ID Type** <input type="text"/> ID/Place of Issuance** <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) <input type="text"/> |

* For U.S. Persons: Social Security Number
 ** For non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number (In lieu of a passport number, non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.)

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Sub Firm # | BR Code | FA Code | Account Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

(Office Use Only)

| | | | | |
|------------|---|---|----------------------|------------------------|
| 8. | Full Legal Name | | | |
| | Date of Birth | Social Security No. (for U.S. Persons)* | Government ID Type** | ID/Place of Issuance** |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) | | | |
| 9. | Full Legal Name | | | |
| | Date of Birth | Social Security No. (for U.S. Persons)* | Government ID Type** | ID/Place of Issuance** |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) | | | |
| 10. | Full Legal Name | | | |
| | Date of Birth | Social Security No. (for U.S. Persons)* | Government ID Type** | ID/Place of Issuance** |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) | | | |

* For U.S. Persons: Social Security Number
 ** For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number (In lieu of a passport number, non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.)

D. The following information is required for all individuals identified, minimum of at least one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, treasurer, other executive officer, other senior manager); or
- Any other individual who regularly performs similar functions.

For the purposes of this section, appropriate titles include: chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, treasurer, other executive officer, or other senior manager.

(If appropriate, an individual listed under section C above may also be listed in this section D.)

| | | | | |
|---|---|----------------------|------------------------|--|
| 1. | Full Legal Name | | | |
| | JONATHAN BULLOCK | | | |
| | Title | | | |
| | PRESIDENT | | | |
| Date of Birth | Social Security No. (for U.S. Persons)* | Government ID Type** | ID/Place of Issuance** | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Physical Address (Cannot be a P.O. Box) | | | | |
| <input type="text"/> | | | | |

| | | | | |
|---|---|----------------------|------------------------|--|
| 2. | Full Legal Name | | | |
| | GREG NUXOLL | | | |
| | Title | | | |
| | VP FOR BUSINESS SERVICES/TREASURER | | | |
| Date of Birth | Social Security No. (for U.S. Persons)* | Government ID Type** | ID/Place of Issuance** | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Physical Address (Cannot be a P.O. Box) | | | | |
| <input type="text"/> | | | | |

| | | | | |
|---|----------------------|---|----------------------|------------------------|
| 3. | Full Legal Name | | | |
| | Title | | | |
| | Date of Birth | Social Security No. (for U.S. Persons)* | Government ID Type** | ID/Place of Issuance** |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Physical Address (Cannot be a P.O. Box) | | | | |
| <input type="text"/> | | | | |

| | | | | |
|---|----------------------|---|----------------------|------------------------|
| 4. | Full Legal Name | | | |
| | Title | | | |
| | Date of Birth | Social Security No. (for U.S. Persons)* | Government ID Type** | ID/Place of Issuance** |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Physical Address (Cannot be a P.O. Box) | | | | |
| <input type="text"/> | | | | |

* For U.S. Persons: Social Security Number
 ** For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number (In lieu of a passport number, non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.)

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Sub Firm # | BR Code | FA Code | Account Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

(Office Use Only)

| | | | | |
|-----------|---|---|----------------------|------------------------|
| 5. | Full Legal Name | | | |
| | Title | | | |
| | Date of Birth | Social Security No. (for U.S. Persons)* | Government ID Type** | ID/Place of Issuance** |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) | | | |
| 6. | Full Legal Name | | | |
| | Title | | | |
| | Date of Birth | Social Security No. (for U.S. Persons)* | Government ID Type** | ID/Place of Issuance** |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) | | | |
| 7. | Full Legal Name | | | |
| | Title | | | |
| | Date of Birth | Social Security No. (for U.S. Persons)* | Government ID Type** | ID/Place of Issuance** |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) | | | |
| 8. | Full Legal Name | | | |
| | Title | | | |
| | Date of Birth | Social Security No. (for U.S. Persons)* | Government ID Type** | ID/Place of Issuance** |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Physical Address (Cannot be a P.O. Box) | | | |

* For U.S. Persons: Social Security Number

** For Non-U.S. Persons: Passport Number and Country of Issuance, or other similar identification number (In lieu of a passport number, non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.)

I, **JONATHAN BULLOCK**, hereby certify, Full legal name of individual opening Account on behalf of legal entity (i.e., the individual providing the beneficial ownership information used to open the account)
to the best of my knowledge, that the information provided above is complete and correct.

X

Signature

Date

Note: Please return this form promptly. Newly-opened accounts will remain restricted until the completed and signed Certification of Beneficial Owner(s) is on file. Existing accounts will be subject to a trading restriction if the completed and signed Certification of Beneficial Owner(s) is not on file within 30 days of the account modification date. Please contact your Financial Advisor listed on your brokerage statement for more information.

Lake Land College Board of Trustees



RESOLUTION NUMBER: 0420-021

DATE: April 13, 2020

RESOLUTION APPROVING "ACCOUNT RESOLUTIONS CERTIFICATE FOR TREASURY MANAGEMENT SERVICES (GOVERNMENT ENTITY)" AND COMMERCIAL MASTER SIGNATURE CARD FOR DELIVERY TO DEPOSITORY FIFTH THIRD BANK

WHEREAS, the Board of Trustees of Lake Land College, Community College District No. 517 (the "College") is authorized by the Public Community College Act (the "Act") to oversee the financial affairs of the College, and has in that capacity previously designated Fifth Third Bank (the "Bank") as a depository bank for the College; and

WHEREAS, it is necessary and appropriate at this time to update the Corporate Authorization Resolution and Signature Card provided to the Bank;

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie and Shelby, State of Illinois (the "Board") as follows:

Section 1. The Board hereby approves the provisions and form of the Account Resolutions Certificate for Treasury Management Services (Government Entity) as shown on the copy of said document which, as completed and signed on behalf of the College by Board Treasurer Greg Nuxoll and College President Jonathan Bullock, is attached as Exhibit A to and hereby made a part of this Resolution.

Section 2. The Board further hereby approves the provisions and form of the Commercial Master Signature Card as shown on the copy of said document which, as completed and signed by College Vice President for Business Services/Board Treasurer Greg

Nuxoll and College President Jonathan Bullock, is attached as Exhibit B to and hereby made a part of this Resolution.

Section 3. The Secretary of the Board shall cause the originals of the Account Resolutions Certificate for Treasury Management Services (Government Entity) and the Commercial Master Signature Card to be delivered to Fifth Third Bank.

Section 4. This Resolution shall take effect immediately upon passage, and shall supersede and replace all Resolutions previously adopted by the Board which pertain to the subject matter hereof.

ADOPTED this 13th day of April, 2020 by the following vote:

AYES:

NAYS:

ABSENT:

BOARD OF TRUSTEES
LAKE LAND COLLEGE
COMMUNITY COLLEGE DISTRICT NO. 517
COUNTIES OF CHRISTIAN, CLARK, CLAY,
COLES, CRAWFORD, CUMBERLAND,
DOUGLAS, EDGAR, EFFINGHAM, FAYETTE,
JASPER, MACON, MONTGOMERY,
MOULTRIE, AND SHELBY
STATE OF ILLINOIS

By: _____

Chair

Attest: _____

Secretary

SECRETARY'S CERTIFICATE

I, _____, the undersigned, do hereby certify that I am the duly qualified and acting Secretary of the Board of Trustees of Lake Land College, Community College District No. 517, Counties of Christian, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Macon, Montgomery, Moultrie, and Shelby, State of Illinois, (the "College District") and as such official, I am the keeper of the records and files of the Board of Trustees of said College District.

I do further certify that the foregoing Resolution Approving Account Resolutions Certificate for Treasury Management Services (Government Entity) and Commercial Master Signature Card for Delivery to Fifth Third Bank is a true, correct and complete copy of that Resolution as adopted by the Board of Trustees of the College District at a meeting held on the 13th day of April, 2020.

I do further certify that the deliberations of the members of the Board of Trustees on the adoption of the Resolution were taken openly; that the vote on the adoption of the Resolution was taken openly; that the meeting was held at a specified time and place convenient to the public; that notice of the meeting was duly given to all newspapers, radio or television stations, and other news media requesting notice; and that the meeting was called and held in strict compliance with the provisions of the Illinois Open Meetings Act, as amended, and the applicable provisions of the Public Community College Act of the State of Illinois, and that this Board of Trustees has complied with all of the applicable provisions of said Acts and with all the procedural rules of the Board of Trustees.

IN WITNESS WHEREOF, I hereunto affix my official signature, this 13th day of April, 2020.

Secretary, Board of Trustees



FIFTH THIRD BANK

**Account Resolutions Certificate for Treasury Management Services
(Government Entity)**

To Fifth Third Bank, N.A.:

I HEREBY CERTIFY THAT:

I am the duly elected or appointed and currently serving official, manager or trustee (the “Official”) of the governing body or governmental entity identified below (the “Governmental Entity”);

I am duly authorized to make the following certifications to you; and

The following resolutions (“Account Resolutions”) were duly adopted by the governing body of the Governmental Entity in accordance with applicable law, are the binding resolutions and statements of the Governmental Entity, are in full force and effect, and have not been rescinded or modified:

RESOLVED, Fifth Third Bank, National Association, is hereby designated as an authorized depository of this Governmental Entity and that one or more checking, savings or other deposit accounts (“Accounts”) be opened and maintained with Fifth Third Bank in the name of the Governmental Entity;

RESOLVED FURTHER, that the opening and maintaining of the Accounts, all transactions in connection with the Accounts and all related services will be governed by written agreements provided by Fifth Third Bank, and by such rules, regulations and policies as Fifth Third Bank shall from time to time establish;

RESOLVED FURTHER, this Governmental Entity is authorized to obtain banking services from Fifth Third Bank including treasury management and corporate card services, and to enter into such agreement or agreements and documentation for such services as are required by Fifth Third Bank, National Association, from time to time, including a Master Treasury Management Agreement, Terms and Conditions for various banking services, Signature Card, Commercial Card Agreement and Commercial Account Rules (“Banking Agreements”) each of which, when accepted or signed by an Authorized Person described below is approved and authorized in all respects;

RESOLVED FURTHER, that the Governmental Entity is authorized to incur and repay indebtedness, grant or give security, and incur and perform related liabilities and obligations to Fifth Third Bank, National Association, in connection with the banking services obtained by the Governmental Entity under the relevant Banking Agreements, including, without limiting the foregoing, with respect to: (a) transactions executed for the Governmental Entity by Fifth Third Bank, (b) credit card services under the Commercial Card Agreement, and (c) import and export services for letters of credit as provided in the Terms and Conditions for such import and export services and related reimbursement, financing and security or collateral arrangements;

RESOLVED FURTHER, that the Governmental Entity is authorized to enter into, execute and deliver to Fifth Third Bank applications, documents, notes and agreements reflecting or evidencing such indebtedness, security, liabilities and obligations including those related to letters of credit,



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confirmation and payment services, reimbursement arrangements and related loans, lines of credit or similar financing arrangements, and security and collateralization arrangements, and a note or notes, security, pledge or similar agreement evidencing or securing such arrangements (“*Banking Services Financing Agreements*”) each of which, when submitted, accepted or signed by an Authorized Person is authorized and approved in all respects;

RESOLVED FURTHER: that (a) each of the individuals identified in the table entitled “*Authorized Persons*” appearing below and (b) any other person designated by any such individual whose identity and signature are provided to Fifth Third Bank, National Association (each, an “*Authorized Person*” and for purposes of certain Banking Agreements, an “*Authorized Agent*”) is authorized on behalf of the Governmental Entity and in its name to do any of the following:

- ***Accounts and Agreements.*** Open or close any deposit or other Account and execute on behalf of the Governmental Entity signature cards (and designate persons with check signing authority), application forms, authorization, set-up and other documentation and agreements with Fifth Third Bank, National Association, with respect to the Accounts and any services related to the Accounts including each of the Banking Agreements and Banking Services Financing Agreements;
- ***Payment Instructions.*** Issue, and designate persons with the authority to issue written, telephonic, electronic, internet-based or oral instructions and payment orders for the transfer or payment of funds of the Governmental Entity on deposit with Fifth Third Bank (or at any other financial institution) including by wire transfer, automated clearing house debit, book transfer and other physical and electronic means;
- ***Implementation and Setup.*** Select the services the Governmental Entity will obtain from Fifth Third Bank, N.A., and instruct Fifth Third Bank, N.A., on service options and features desired by the Governmental Entity, and the set-up, implementation and security procedures relating to the services selected; and,
- ***Authorization.*** Designate, and advise Fifth Third Bank, N.A., of the identity of persons (including officers and employees of this Governmental Entity or its service providers) who have some or all of the authority of an Authorized Person with respect to one or more Accounts of the Governmental Entity or services utilized by the Governmental Entity, and limitations on the scope of such authority, if any, including a person or persons who will serve as administrator or service administrator with respect to a service or services obtained by the Governmental Entity and will have authority to: manage the service on behalf of the Governmental Entity; select and administer security and operating procedures; designate persons as authorized users of a service; and, enable and administer user identification codes, passwords and other identification data.

RESOLVED FURTHER, that all actions of the Authorized Persons, and all agreements, applications, documents and authorizations executed and delivered by the Authorized Persons prior to the date of these resolutions and in connection with the transactions contemplated by these resolutions are ratified, confirmed and approved in all respects;



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RESOLVED FURTHER: Fifth Third Bank is authorized to rely on the full and unrestricted authority as provided in these resolutions of any one Authorized Person unless otherwise certified to Fifth Third Bank by the Official;

RESOLVED FURTHER, that the Official is authorized to deliver a certified copy of these Resolutions to Fifth Third Bank and certify to Fifth Third Bank the name, title and specimen signature of each Authorized Person.

I further certify that:

- these resolutions do not conflict with or contravene the laws, rules, regulations or ordinances creating, authorizing or empowering the Governmental Entity or governing the organization or management of the Governmental Entity or similar governing documents of, or any agreement, law or regulation applicable to the Governmental Entity; and
- each of the following persons has been designated by the Governing Entity as an Authorized Person with the authority specified in the foregoing resolutions, and the signatures indicated below are genuine signatures of the indicated persons:

| AUTHORIZED PERSONS | | |
|-----------------------------------|------------------------------------|---|
| Name of Authorized Person: | Title of Authorized Person: | Specimen Signature of Authorized Person: |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

****EXECUTION PAGE FOLLOWS****



FIFTH THIRD BANK

IN WITNESS WHEREOF, I have subscribed my name to this Certificate on behalf of the following Governmental Entity:

Exact Name of Governmental Entity: _____

Acting under the laws of: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____

Note: a "Governmental Entity" includes any federal, state, county or municipal governing body or entity, or any of their respective branches, departments, agencies, or divisions.



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COMMERCIAL MASTER SIGNATURE CARD

This Signature Card is delivered to Fifth Third Bank by the customer identified below (the "Customer") in connection with the opening and ongoing use of the Customer's accounts identified on this page (and on the attached Exhibit A, if applicable). By using the Accounts, or by signing and delivering this Signature Card to Fifth Third Bank, National Association, the Customer acknowledges receipt of, and agrees to, the Fifth Third Bank Commercial Account Rules governing the Accounts (as amended or updated), and agrees to the related operating policies in effect at Fifth Third Bank with respect to these Accounts. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If applicable, we will also ask for the business entity name, principal address, employer identification number and other information.

Choose one: **New Account** **Replace Existing Signature Card**

| | |
|-------------------------------------|--|
| Full Legal Name of Customer: | Optional Naming Extension: |
| Optional Naming Extension: | Optional Naming Extension: |
| Physical Street Address: | |
| City/State/Zip Code/Country: | Account Type: |
| Employer Identification Number: | Phone Number: |
| Type of Organization: If "Other" | Formed Under the Laws of (State or Country): |

Fifth Third Bank, N.A. is authorized and directed to recognize the signatures of the persons listed on this page (and Exhibit A, if applicable) on checks drawn on the account(s), for the withdrawal of funds, and for the transaction of any other business (including closing the account(s)) regarding the indicated account(s), until such time as Customer gives written notice of a change in authorization and Fifth Third Bank has a reasonable opportunity to act on that notice. Fifth Third Bank is also authorized in its discretion to accept changes and updates to this Signature Card in a separate, written instrument signed by an authorized representative of the Customer.

SIGNATURE OF AUTHORIZED PERSON LISTED IN ACCOUNT RESOLUTIONS

I certify that I am duly authorized by the Customer named above to execute and deliver this Master Signature Card, and further certify that the Individual(s) below (and, if applicable, those on the attached Exhibit A) is/are authorized to transact on the listed account(s). Furthermore, if a public funds account type has been selected above, I attest that the Customer is a government, quasi-government, or non-profit that qualifies and the funds held in such account(s) are eligible to be collateralized under applicable state and federal law.

Signature: _____ Date: _____
Name: _____ Title: _____

ACCOUNT NUMBER(S):

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Additional account numbers – please see Schedule 1

Signers below are authorized for all listed accounts (including Schedule 1 if applicable), unless otherwise noted.

For each signer, **EITHER** DOB or Personal address are required, except where customer is exempt from the Bank's Customer Information Program (Publicly Traded entity, Government, or Financial Institution).

| AUTHORIZED SIGNER (TYPE OR PRINT) | APPLICABLE ACCOUNT(S) #: |
|---|---|
| Name: _____ DOB: _____ Personal Street Address: _____ City: _____ State: _____ Zip: _____ Country: _____ | <input type="checkbox"/> ONLY authorized on the following accounts: |
| Name: _____ DOB: _____ Personal Street Address: _____ City: _____ State: _____ Zip: _____ Country: _____ | <input type="checkbox"/> ONLY authorized on the following accounts: |

Additional signers on Exhibit A (see page 2)



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EXHIBIT A
TO COMMERCIAL MASTER SIGNATURE CARD – ADDITIONAL SIGNERS
FOR: _____

ACCOUNT NUMBER(S): [Table with 5 columns for account numbers]

Additional account numbers – please see Schedule 1

Signers below are authorized for all listed accounts (including Schedule 1 if applicable), unless otherwise noted.

For each signer, EITHER DOB or Personal address are required, except where customer is exempt from the Bank's Customer Information Program (Publicly Traded entity, Government, or Financial Institution).

Table with 2 columns: AUTHORIZED SIGNER (TYPE OR PRINT) and APPLICABLE ACCOUNT(S) #: Multiple rows for signers with fields for Name, DOB, Address, City, State, Zip, and Country, and checkboxes for account authorization.

Note: For additional signers on this account(s) attach separate copies of this Exhibit A.



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SCHEDULE 1 TO EXHIBIT A

Note: Complete this Schedule 1 if an authorized signer listed on Exhibit A is authorized on additional accounts for the Customer.

Additional Account Authorization For: _____

Print name(s) of signer(s)

| | |
|-------------------------|--|
| Account Numbers: | |
|-------------------------|--|

Additional Account Authorization For: _____

Print name(s) of signer(s)

| | |
|-------------------------|--|
| Account Numbers: | |
|-------------------------|--|

DATE: _____ PAGE: _____ OF _____



FIFTH THIRD BANK

EXHIBIT B
TO CHANGE / DELETE EXISTING COMMERCIAL MASTER SIGNATURE CARD
FOR:

New Signer [] New Account [] Delete Signer [] Delete Account []

This Signature Card is delivered to Fifth Third Bank, National Association, by the customer identified below (the "Customer") in connection with the opening and ongoing use of the Customer's accounts identified on this page (and on the attached Exhibit A, if applicable).

Table with 2 columns: Full Legal Name of Customer, Optional Naming Extension, Employer Identification Number, Account Type.

Fifth Third Bank, National Association, is authorized and directed to recognize the signatures of the persons listed on this page (and Exhibit A, if applicable) on checks drawn on the account(s), for the withdrawal of funds, and for the transaction of any other business (including closing the account(s)) regarding the indicated account(s), until such time as Customer gives written notice of a change in authorization and Fifth Third Bank has a reasonable opportunity to act on that notice.

SIGNATURE OF AUTHORIZED PERSON LISTED IN ACCOUNT RESOLUTIONS: I certify that I am duly authorized by the Customer named above to execute and deliver this Master Signature Card, and further certify that the Individual(s) below (and, if applicable, those on the attached Exhibit A) is/are authorized to transact on the listed account(s).

ACCOUNT NUMBER(S): [] [] [] [] [] []
[] Additional account numbers - please see Schedule 1
Signers below are authorized for all listed accounts (including Schedule 1 if applicable), unless otherwise noted.
[] Check if all signers from existing Master Signature Card on file apply to all accounts listed above.

AUTHORIZED SIGNER (TYPE OR PRINT) APPLICABLE ACCOUNT(S) #:
Name: [] DOB: [] Personal Street Address: [] City: [] State: [] Zip: [] Country: []
[] ONLY authorized on the following accounts:
Name: [] DOB: [] Personal Street Address: [] City: [] State: [] Zip: [] Country: []
[] ONLY authorized on the following accounts:

[] Additional signers on Exhibit A