RESOLUTION NO. R.25.06

RESOLUTION TO CHANGE THE PRINCIPAL AGENT AND AUTHORIZED SIGNERS FOR THE THE ILLINOIS FUNDS ACCOUNTS HELD BY THE CITY OF GALENA

WHEREAS, the City of Galena is a member of The Illinois Funds money market funds managed by the Office of the Illinois State Treasurer; and

WHEREAS, The Illinois Funds requires the city designate a Principal agent to receive and transmit correspondence from and to The Illinois Funds and otherwise conduct the City of Galena's business with The Illinois Funds; and

WHEREAS, the City of Galena seeks to appoint City Administrator, Matt Oldenburg, as the Principal agent; and

WHEREAS, The Illinois Funds requires the city designate authorized Signers to execute transactions on behalf of the City of Galena with The Illinois Funds; and

WHEREAS, the City of Galena seeks to appoint Mayor, Terry Renner, City Administrator, Matt Oldenburg, Finance Director, Jennifer Schmidt, and City Clerk, Mary Beth Hyde as authorized Signers for the City of Galena; and

WHEREAS, the City of Galena seeks to remove former employee, Mark Moran, as the Principal agent and Signer for the City of Galena accounts with The Illinois Funds; and

WHEREAS, this resolution shall apply to all of The Illinois Funds accounts of the City of Galena, including, but not limited to, accounts 7139131580 and 1600002993.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL AND MAYOR OF THE CITY OF GALENA, ILLINOIS that the corporate authorities of the City of Galena hereby appoint Matt Oldenburg as the Principal agent for business concerning The Illinois Funds of the City of Galena and Terry Renner, Matt Oldenburg, Jennifer Schmidt, and Mary Beth Hyde as authorized Signers for The Illinois Funds of the City of Galena; and

SECTION I: By adopting this resolution the City of Galena removes Mark Moran as the Principal agent and Signer.

SECTION II: This resolution shall apply to all The Illinois Funds accounts of the City of Galena, including, but not limited to, accounts 7139131580 and 1600002993.

SECTION III: Matt Oldenburg shall remain the Principal agent and Signer and Terry Renner, Jennifer Schmidt, and Mary Beth Hyde shall remain authorized Signers until replaced by resolution of the City of Galena.

RESOLVED BY THE CITY COUNCIL OF THE CITY OF GALENA, ILLINOIS this 23 day of June, 2025.

APPROVED this 23rd day of June, 2025.

AYES: Kieffer, Tegtmeyer, Westemeier, Wienen, Gates, Johnson, Renner

NAYS: None

ABSENT: None

Terry Renner

Terry Renner, Mayor

Mary Beth Hyde

Mary Beth Hyde, City Clerk

(CITY SEAL)

THE ILLINOIS FUNDS

Account Change of Information Form

Mail to: The Illinois Funds
Illinois State Treasurer
Marine Bank Building
1 East Old State Capitol Plaza
Springfield, IL 62701-1320

Instructions:
For all changes to your account please complete sections 1 and 7 in addition to the sections that apply to your change (e.g. authorized traders, mailing address, etc.). If you are removing information on file you must complete all sections of this form. If you are making changes to other accounts please complete a separate form.

1 Investor Information | Select one

City of Galena
PUBLIC AGENCY

366005888
TAX IDENTIFICATION NUMBER

ALL
ACCOUNT NUMBER

City of Galena
INVESTMENT ACCOUNT NAME

Matt Oldenburg, City Administrator
AUTHORIZED SIGNER (INDIVIDUAL AUTHORIZED BY PUBLIC AGENCY TO MAKE CHANGES TO THE ACCOUNT) AND AUTHORIZED SIGNER'S TITLE

mjoldenburg@cityofgalena.org
EMAIL ADDRESS - AUTHORIZED SIGNER

815-777-1050
PHONE NUMBER - AUTHORIZED SIGNER

101 Green Street
STREET

APT / SUITE

Galena
CITY

IL
STATE

61036
ZIP CODE

2 Authorized Trader(s) Check all that apply *(if no authorization levels are selected, then only Inquiry access will be given)*

- **Financial Authority:** Provides authority to initiate transactions on the account.
- **Maintenance Authority:** Provides authority to make changes to the account, including bank and address changes.
- **Inquiry:** Provides authority to obtain balance & transaction information by calling the Illinois Funds Toll Free Number (opt 1 then opt 2)
- **Online Access:** This box **MUST** be checked if Trader will need online access to the account(s)

Action: ☐ Add ■ Remove ☐ Replace
■ Authorized Trader #1 **Authorization Level:** ☐ Financial Authority ☐ Maintenance Authority ☐ Inquiry ☐ Online Access

Mark Moran, Former City Administrator
NAME AND TITLE

NA - retired from the City of Galena
PHONE NUMBER

SIGNATURE

NA - retired from the City of Galena
E-MAIL ADDRESS

Action: ■ Add ☐ Remove ☐ Replace
■ Authorized Trader #2 **Authorization Level:** ■ Financial Authority ■ Maintenance Authority ■ Inquiry ■ Online Access

Mary Beth Hyde, City Clerk
NAME AND TITLE

815-777-1050
PHONE NUMBER

Mary Beth Hyde
SIGNATURE

mhyde@cityofgalena.org
E-MAIL ADDRESS

THE ILLINOIS FUNDS

Account Change of Information Form

Mail to: The Illinois Funds
Illinois State Treasurer
Marine Bank Building
1 East Old State Capitol Plaza
Springfield, IL 62701-1320

Instructions:
For all changes to your account please complete sections 1 and 7 in addition to the sections that apply to your change (e.g. authorized traders, mailing address, etc.). If you are removing information on file you must complete all sections of this form. If you are making changes to other accounts please complete a separate form.

1 Investor Information | Select one

PUBLIC AGENCY

TAX IDENTIFICATION NUMBER

ACCOUNT NUMBER

INVESTMENT ACCOUNT NAME

AUTHORIZED SIGNER (INDIVIDUAL AUTHORIZED BY PUBLIC AGENCY TO MAKE CHANGES TO THE ACCOUNT) **AND AUTHORIZED SIGNER'S TITLE**

EMAIL ADDRESS - AUTHORIZED SIGNER

PHONE NUMBER - AUTHORIZED SIGNER

STREET

APT / SUITE

CITY

STATE

ZIP CODE

2 Authorized Trader(s) Check all that apply *(if no authorization levels are selected, then only Inquiry access will be given)*

- **Financial Authority:** Provides authority to initiate transactions on the account.
- **Maintenance Authority:** Provides authority to make changes to the account, including bank and address changes.
- **Inquiry:** Provides authority to obtain balance & transaction information by calling the Illinois Funds Toll Free Number (opt 1 then opt 2)
- **Online Access:** This box **MUST** be checked if Trader will need online access to the account(s)

Action: ■ Add ❑ Remove ❑ Replace

■ Authorized Trader #1 **Authorization Level:** ■ Financial Authority ■ Maintenance Authority ■ Inquiry ■ Online Access

Matt Oldenburg, City Administrator
NAME AND TITLE

815-777-1050
PHONE NUMBER

SIGNATURE

mjoldenburg@cityofgalena.org
E-MAIL ADDRESS

Action: ■ Add ❑ Remove ❑ Replace

■ Authorized Trader #2 **Authorization Level:** ■ Financial Authority ■ Maintenance Authority ■ Inquiry ❑ Online Access

Terry Renner, Mayor
NAME AND TITLE

815-777-1050
PHONE NUMBER

Terry Renner
SIGNATURE

E-MAIL ADDRESS

3 Additional Mailing Address Information

❑ Mailing Address* (if different from Section 1)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

STREET | APT / SUITE | CITY | STATE | ZIP CODE

** A P.O. Box may be used as the mailing address.*

❑ Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME

NAME

STREET | APT / SUITE

CITY | STATE | ZIP CODE

❑ Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

COMPANY NAME

NAME

STREET | APT / SUITE

CITY | STATE | ZIP CODE

4 Automatic Investment Plan (AIP)

❑ Add new AIP ❑ Update existing AIP

Your signed Application must be received at least 15 calendar days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account on file. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Note: The AIP will be purchased on the date requested or first business day after.

Draw money from bank NAME ON ACCOUNT | BANK ACCOUNT NUMBER

Draw money for my AIP (check one): ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

If no option is selected, the frequency will default to monthly.

AMOUNT PER DRAW | AIP START MONTH | AIP START DAY

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.
- If the AIP cannot be made due to insufficient funds or stop payment, a $25 fee will be assessed on your account. The AIP will be terminated after two such consecutive occurrences.

5 Systematic Withdrawal Plan (SWP)

Your signed request must be received at least 15 calendar days prior to initial transaction.

Systematic Withdrawal Plan (SWP) – permits the automatic withdrawal of funds.

❑ Payments will be mailed to address in Section 1

❑ Payments will be deposited directly into your bank account

NAME ON ACCOUNT *BANK ACCOUNT NUMBER*

❑ Payments will be deposited directly into new bank instructions:

NAME ON ACCOUNT *BANK ACCOUNT NUMBER*

❑ Payments will be mailed to a Special Payee:

MAKE CHECK PAYABLE TO *STREET ADDRESS/CITY/STATE/ZIP*

We are unable to credit mutual fund or pass-through ("for further credit") accounts.

Note: The SWP will be purchased on the date requested or first business day after.

Make payments ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually **starting with the month given here:**

If no option is selected, the frequency will default to monthly.

AMOUNT PER DRAW *SWP START MONTH* *SWP START DAY*

Requesting proceeds to a checking or savings account may require a signature guarantee stamp. If we do not have bank information on record, please complete Section 6 of this form. Establishing a Special Payee may require a signature guarantee stamp.

6 Bank Information

We are unable to draft or credit your account via ACH if it is a mutual fund or pass through account.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

❑ All bank instructions are invalid

❑ Bank instructions ending in _____ are invalid.

To make purchases via ACH or to redeem your account via ACH or wire, please provide full bank account information as shown below. Any changes to bank instructions require a signature guarantee, signature verification from a Signature Validation Program Member, or other acceptable form of signature authentication from a financial institution source.

For ePay participants only, please include ePAY Settlement Account (Illinois National Bank) information on this form.

❑ Checking ❑ Savings

BANK NAME *BANK ABA NUMBER*

TITLE OF BANK ACCOUNT *BANK ACCOUNT NUMBER*

FURTHER CREDIT NAME (not available for ACH) *FURTHER CREDIT ACCOUNT NUMBER (not available for ACH)*

❑ Checking ❑ Savings

BANK NAME *BANK ABA NUMBER*

TITLE OF BANK ACCOUNT *BANK ACCOUNT NUMBER*

FURTHER CREDIT NAME (not available for ACH) *FURTHER CREDIT ACCOUNT NUMBER (not available for ACH)*

❑ Checking ❑ Savings

BANK NAME *BANK ABA NUMBER*

TITLE OF BANK ACCOUNT *BANK ACCOUNT NUMBER*

FURTHER CREDIT NAME (not available for ACH) *FURTHER CREDIT ACCOUNT NUMBER (not available for ACH)*

7 Signature and Certification Required by the Internal Revenue Service

✔ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing Sections 4 or 5, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank NA, on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

✔ **Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting.** ***(Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)***

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

AUTHORIZED SIGNER SIGNATURE

AUTHORIZED SIGNATURE GUARANTEE STAMP
If required, signatures must be guaranteed by a bank savings association credit union, a member Firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution.

DATE (MM/DD/YYYY)

8 To Update an Authorized Signer

If only the authorized signer is changing, please provide the signers name below in addition to Principal Authority Signature:

Matt Oldenburg	06/24/2025
PRINTED NAME OF AUTHORIZED SIGNER	*DATE (MM/DD/YYYY)*

PRINCIPAL AUTHORITY (individual with authority by the public agency to execute contractual agreements on behalf of the public agency)

9 To Update the Principal Authority

If only the Principal is changing, please provide either meeting minutes or a corporate resolution that designates the principal authority.

Matt Oldenburg, City Administrator	06/24/2025
PRINTED NAME OF PRINCIPAL AUTHORITY ***AND TITLE***	*DATE (MM/DD/YYYY)*

PRINCIPAL AUTHORITY SIGNATURE