



LOWER MINNESOTA RIVER WATERSHED DISTRICT

Executive Summary for Action

Lower Minnesota River Watershed District Board of Managers Meeting
Wednesday, May 21, 2025

Agenda Item

Item 5. F. – Adding and removing Authorized Officials for Lower Minnesota River Watershed District Funds

Prepared By

Linda Loomis, Administrator

Summary

Resolution 25-05 Adding and Removing Authorized Officials for Lower Minnesota River Watershed District Funds is attached for the Board to adopt. The Resolution removes Apollo Lammers, authorizes Vinatha Viswanathan, as Treasurer, and Will Lytle, as Administrator. President Barisonzi and Linda Loomis will remain authorized. Linda will be removed once Will has fully transitioned to Administrator.

Other documents necessary to designate authorized officials on accounts at the depositories are attached for the Board's review. Resolution 25-05 authorizes execution of all other documents.

Attachments

- Resolution 25-05 Adding and Removing Authorized Officials for Lower Minnesota River Watershed District Funds
- 4M Fund Authorized Personnel Information – Authorizing Will Lytle
- 4M Fund Authorized Personnel Information – Authorizing Vinatha Viswanathan; removing Apollo Lammers
- US Bank Master Service Agreement 1 Contract Signer(s) Change
- US Bank Appendix A-1: New Account/Change in Authorized Account Signer(s)
- US Bank Appendix B-1: New Account/Change in Authorized Treasury Management Signer(s)

Recommended Action

Motion to adopt Resolution 25-05 Adding and Removing Authorized Officials for Lower Minnesota River Watershed District Funds

Manager _____ offered the following Resolution and moved its adoption:

RESOLUTION 25-05

**RESOLUTION ADDING AND REMOVING AUTHORIZED OFFICIALS FOR
LOWER MINNESOTA RIVER WATERSHED DISTRICT FUNDS**

WHEREAS, pursuant to Minnesota Statute Chapter 469.052, all governmental entities are required to designate depositories and a governmental entity's deposits and investments must comply with Minnesota Statutes Chapter 118A; and

WHEREAS Minnesota Statutes Section 471.59 (the Joint Powers Act) provides that governmental units may jointly exercise any power common to the contracting parties; and

WHEREAS, the Lower Minnesota River Watershed District is a participant, as that term is used in the Declaration of Trust, in the Minnesota Municipal Money Market Fund (the 4M Fund); and

WHEREAS, approved services provided by the 4M Fund's service providers include the Investment Advisor (PMA Asset Management, LLC), the Administrator (PMA Financial Network, LLC) the Distributor (PMA Securities, LLC) or the Fixed Rate Program Providers, PMA Financial Network, LLC and PMA Securities, LLC and the Custodian, U.S. Bank National Association, ("Service Providers") and/or their successors; and

WHEREAS, it may be necessary from time to time to change "Authorized Officials" to invest monies from time to time and withdraw monies from time to time in accordance with the provisions of the Declaration of Trust; and

WHEREAS, Manager Vinatha Viswanathan was appointed Treasurer of the Board of Managers at the April 16, 2025 Board of Managers meeting; and

WHEREAS, Manager Apollo Lammers was replaced on the Board of Manager March 1, 2025; and

WHEREAS, William J. Lytle was retained as Administrator at the May 21, 2025, Board of Managers meeting

NOW, THERFORE, IT IS HEREBY RESOLVED, by the Board of Managers of the Lower Minnesota River Watershed that the following LMRWD officers and are designated "Authorized Officials" with authority to effectuate investments and withdrawals in accordance with the Declaration of Trust:

Vinatha Viswanathan, Treasurer _____
Signature

William J. Lytle
Administrator _____
Signature

BE IT FURTHER RESOLVED, that the President or his/her designee, is hereby authorized and directed to execute all documents necessary to designate the authorized officials on accounts at the depositories; and

BE IT FINALLY RESOLVED that the LMRWD Treasurer or Administrator will supply each of the depositories with certified copies of this resolution with such signature documentation as is required by the depository and the authorizations set forth above.

The question on the adoption of the Resolution was seconded by Manager _____ .
Upon a vote being taken there were ____ yeas and ____ nays as follows:

	<u>Yea</u>	<u>Nay</u>	<u>Absent</u>	<u>Abstain</u>
BARISONZI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KUPPIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SALVATO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISWANATHAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILLIAMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Upon vote, the President declared the Resolution adopted.

ATTEST:

Joseph Barisonzi, President

Lauren Salvato, Secretary

I, Lauren Salvato, Secretary of the Lower Minnesota River Watershed District, do hereby certify that I have compared the above Resolution with the original thereof as the same appears of record and on file with the LMRWD and find the same to be a true and correct transcript thereof.

IN TESTIMONY WHEREOF, I hereunto set my hand this 21st day of May 2025.

Lauren Salvato, Secretary

AUTHORIZED PERSONNEL INFORMATION

Participant/Entity Name: _____

Select one of the following:

- ☐ Activate New Authorized Individual for **Full** Rights (Complete Sections A, B, and D)
- ☐ Activate New Authorized Individual for **Limited** Rights (Complete Sections A, C, and D)
- ☐ De-Activate Existing Authorized Individual _____ (Insert Name and Complete Section D below.)

SECTION A: AUTHORIZED PERSONNEL INFORMATION

2. Please designate the 4M Authorized Individual for your Entity:

Name: _____	Phone: _____
Fax: _____	Email: _____
Title: _____	Address: _____

SECTION B: ACCOUNT SECURITY/AUTHORITY - FULL RIGHTS

3. The above-named authorized person will have the authority to:

- Certify the Authorized Personnel at the Entity, and Specify the PMA GPS® Access Capabilities;
- Add, Change, Delete the Bank Information (ACH/Wire) 4M has on File for the Entity;
- Open, Close, Change and Reactivate 4M Account Information; and
- Move money (make purchases, redemptions, transfers and fixed rate investments.)

4. Account Authority:

- ☐ This authorization applies to all 4M sub-accounts for my entity.
- ☐ This authorization only applies to the following accounts:

5. System Access:

- ☐ Yes, access to PMA GPS® is necessary; a username and password will be sent via email.
- ☐ No, access to PMA GPS® is not necessary at this time.

6. Email Notification:

- ☐ Yes, send an email when online statements and confirmations are available. To receive these emails, access to PMA GPS® must have been selected in the section above.
- ☐ No, do not send an email when online statements and confirmations are available.

SECTION C: ACCOUNT SECURITY / AUTHORITY - LIMITED RIGHTS (TRANSACTION OR VIEW ONLY)

7. Security:
- ☐ Yes, the authorized person is authorized to move money (SELECT ALL THAT APPLY)
- ☐ Purchases ☐ Redemptions ☐ Transfers
- ☐ No, the authorized person is not authorized to move money; VIEW ONLY access is requested.
8. Account Authority:
- ☐ This authorization applies to all 4M sub-accounts for my entity.
- ☐ This authorization only applies to the following accounts:
- _____
9. System Access:
- ☐ Yes, access to PMA GPS® is necessary; a username and password will be sent via email and U.S. mail, respectively.
- ☐ No, access to PMA GPS® is not necessary at this time.
10. Email notification:
- ☐ Yes, send an email when online statements and confirmations are available. To receive these emails, access to PMA GPS® must have been selected in the section above.
- ☐ No, do not send an email when online statements and confirmations are available.

SECTION D: AUTHORIZATION

This section must be signed by either an authorized person as designated in the New Account Application, or a Primary Contact or Authorized Personnel Information form, OR the new incumbent in an authorized position, accompanied by a copy of the board minutes covering the appointment/election of a new incumbent. (Please mark the appropriate section and black out salary and other confidential information.) The authorizations set forth on this form shall remain in full force and effect until the Fund receives written notification of a change.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone: _____

Email: _____

Send completed forms to your PMA representative or to gps@pmanetwork.com

AUTHORIZED PERSONNEL INFORMATION

Participant/Entity Name: Lower Minnesota river Watershed District

Select one of the following:

- ☒ Activate New Authorized Individual for **Full** Rights (Complete Sections A, B, and D)
- ☐ Activate New Authorized Individual for **Limited** Rights (Complete Sections A, C, and D)
- ☒ De-Activate Existing Authorized Individual Apollo Lammers (Insert Name and Complete Section D below.)

SECTION A: AUTHORIZED PERSONNEL INFORMATION

2. Please designate the 4M Authorized Individual for your Entity:

Name:	<u>Vinatha Viswanathan</u>	Phone:	<u>(952) 529-6590</u>
Fax:	<u></u>	Email:	<u>vinathanarayanansk@gmail.com</u>
Title:	<u>Treasurer</u>	Address:	<u>10060 Azure Skies, Eden Prairie, MN 55347</u>

SECTION B: ACCOUNT SECURITY/AUTHORITY - FULL RIGHTS

3. The above-named authorized person will have the authority to:

- Certify the Authorized Personnel at the Entity, and Specify the PMA GPS® Access Capabilities;
- Add, Change, Delete the Bank Information (ACH/Wire) 4M has on File for the Entity;
- Open, Close, Change and Reactivate 4M Account Information; and
- Move money (make purchases, redemptions, transfers and fixed rate investments.)

4. Account Authority:

- ☒ This authorization applies to all 4M sub-accounts for my entity.
- ☐ This authorization only applies to the following accounts:

5. System Access:

- ☒ Yes, access to PMA GPS® is necessary; a username and password will be sent via email.
- ☐ No, access to PMA GPS® is not necessary at this time.

6. Email Notification:

- ☐ Yes, send an email when online statements and confirmations are available. To receive these emails, access to PMA GPS® must have been selected in the section above.
- ☒ No, do not send an email when online statements and confirmations are available.

SECTION C: ACCOUNT SECURITY / AUTHORITY - LIMITED RIGHTS (TRANSACTION OR VIEW ONLY)

7. Security:
- ☐ Yes, the authorized person is authorized to move money (SELECT ALL THAT APPLY)
- ☐ Purchases ☐ Redemptions ☐ Transfers
- ☐ No, the authorized person is not authorized to move money; VIEW ONLY access is requested.
8. Account Authority:
- ☐ This authorization applies to all 4M sub-accounts for my entity.
- ☐ This authorization only applies to the following accounts:
- _____
9. System Access:
- ☐ Yes, access to PMA GPS® is necessary; a username and password will be sent via email and U.S. mail, respectively.
- ☐ No, access to PMA GPS® is not necessary at this time.
10. Email notification:
- ☐ Yes, send an email when online statements and confirmations are available. To receive these emails, access to PMA GPS® must have been selected in the section above.
- ☐ No, do not send an email when online statements and confirmations are available.

SECTION D: AUTHORIZATION

This section must be signed by either an authorized person as designated in the New Account Application, or a Primary Contact or Authorized Personnel Information form, OR the new incumbent in an authorized position, accompanied by a copy of the board minutes covering the appointment/election of a new incumbent. (Please mark the appropriate section and black out salary and other confidential information.) The authorizations set forth on this form shall remain in full force and effect until the Fund receives written notification of a change.

Signature: _____

Printed Name: Linda Loomis

Title: Adinistrator

Date: 5/21/25

Phone: 763-545-4659

Email: naiadconsulting@gmail.com

Send completed forms to your PMA representative or to gps@pmanetwork.com



Master Services Agreement 1

Contract Signer(s) Change

Customer information

Lower Minnesota River Watershed
Customer name: District
Tax ID number on current MSA: 411476295 **Contract signer changes related to the original MSA dated:** 12/20/23

The undersigned Contract Signer certifies that, based on his or her review of Customer's books and records, Customer has full power and lawful authority to make this change to the Contract Signer(s) and to confer the powers herein granted to the persons named, and that the undersigned Contract Signer has full power and authority to exercise the same.

The undersigned Contract Signer further certifies that the newly appointed Contract Signers have been duly elected to and now hold the offices of Customer set opposite their respective names, and the signatures appearing opposite their names are the authentic, official signatures of the said Contract Signer.

Add contract signer(s)

Print contract signer name	Print contract signer title	Contract signer email address	Contract signer signature
<u>Vinatha Viswanathan</u>	<u>Treasurer</u>	<u>vinathanarayanansk@gmail.com</u>	<u></u>
<u>William J. Lytle</u>	<u>Administrator</u>	<u>admin@lowermnriverwd.org</u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

Delete contract signer(s)

Delete contract signer name:

Apollo Lammers

Existing contract signer(s) other than those new contract signers listed above

List name(s) and email addresses, no specimen signatures are needed.

Contract signer	Email address	Contract signer	Email address
<u>Linda Loomis</u>	<u>naiadconsulting@gmail.com</u>	<u>Joseph Barisonzi</u>	<u>jbarisonzi@iwlamnvalley.org</u>
<u></u>	<u></u>	<u></u>	<u></u>

Signature: Email address: naiadconsulting@gmail.com
Print name: Linda Loomis Date: June 20, 2024
Print title: Administrator

For Internal Use Only:

Review _____	Validation Method _____	TL Review _____	Imaged _____
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Appendix A-1: New Account/Change in Authorized Account Signer(s)

Customer information

Customer name: Lower Minnesota River Watershed District **Tax identification number:** 411476295

☐ New account

☒ Change in authorized account signers

Account information

Account name	Account number	Tax identification number
<u>Lower Minnesota River Watershed District</u>	<u>146899182852</u>	<u>411476295</u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

Authorized account signers

Add authorized account signer(s)

Name	Title	Email address	Specimen signature
<u>Vinatha Viswanathan</u>	<u>Treasurer</u>	<u>vinathanarayanan sk@gmail.com</u>	<u></u>
<u>William J. Lytle</u>	<u>Administrator</u>	<u>admin@lowermnri verwd.org</u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

Delete authorized account signer(s)

List names only.

<u>Apollo Lammers</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

Existing authorized account signer(s)

Provide the names and email addresses of existing authorized signer(s), other than those new authorized signers listed above. No specimen signatures are needed.

Authorized signer	Email address	Authorized signer	Email address
<u>Linda Loomis</u>	<u>naiadconsulting@g mail.com</u>	<u>Joseph Barisonzi</u>	<u>jbarisonzi@iwlamnvalley.org</u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

Appendix A-1

New Account/Change in Authorized Account Signer(s)

The Signer listed below represents and warrants to the Bank that: (i) the signatures listed above are the true and authentic signatures of the additional Authorized Account Signer(s); (ii) that each Customer listed above has taken all action required by its respective organizational documents to appoint the additional Authorized Account Signer(s) and to delete any Existing Authorized Account Signer(s); and (iii) he/she is authorized to complete this Appendix A-1 for each Customer listed above. Customer is responsible for the validity and authenticity of email addresses provided above.

Account Signer may execute this Appendix A-1 to add an account(s) for Customer if the Existing Authorized Signers remain the same. Otherwise, this Appendix A-1 must be executed by a Contract signer. This Appendix A 1 becomes effective only after U.S. Bank receives and has time to modify its records to reflect the changes noted herein.

Signature:	_____	Email address:	<u>naiadconsulting@gmail.com</u>
Print name:	<u>Linda Loomis</u>	Date:	<u>June 20, 2024</u>
Print title:	<u>Administrator</u>		

For Internal Use Only:

Authorized signers are related to the Master Services Agreement dated: _____

Review _____ Validation method _____ TL review _____ Imaged _____



Appendix B-1: Change in Authorized Treasury Management Signer(s)

Customer information

Customer name: Lower Minnesota River Watershed District Tax identification number: 411476295

Authorized Treasury Management signers

Add authorized Treasury Management signer(s)

Name	Title	Email address	Specimen signature
Vinatha Viswanathan	Treasurer	vinathanarayanan sk@gmail.com	
William J. Lytle	Administrator	admin@lowermnri verwd.org	

Delete authorized Treasury Management signer(s)

List names only.

Apollo Lammers

Existing authorized Treasury Management signer(s)

Provide the names and email addresses of existing authorized Treasury Management signer(s), other than those new authorized signers listed above. No specimen signatures are needed.

Authorized signer	Email address	Authorized signer	Email address
Linda Loomis	naiadconsulting@gmail.com	Joseph Barisonzi	jbarisonzi@iwlamnvalleey.org

The Contract Signer listed below further represents and warrants to the Bank that the signatures listed above are the true and authentic signatures of the Authorized Treasury Management Signer(s) and that Customer has taken all action required by its organizational documents to appoint the Authorized Treasury Management Signer(s). Customer is responsible for the validity and authenticity of email addresses provided above. This Appendix B-1 becomes effective only after U.S. Bank receives and has time to modify its records to reflect the changes noted herein.

Signature: Email address: naiadconsulting@gmail.com
Print name: Linda Loomis Date: June 20, 2024
Print title: Administrator

For Internal Use Only:

Authorized signers are related to the Master Services Agreement dated:

Review Validation method TL review Imaged



