



Signatory Amendment Form

Effective Date: _____

Participant # CO-01-_____

Entity Name: _____

Individuals to be Added

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone

Email (Required if Authorized Signer)

Fax

Permissions (must check only one)
Authorized Signer to Move Funds*
Read Only Access

Voting Contact**
Designee
Alternate Designee

Email Notifications
Monthly Statement
Transaction Confirmations

Print First and Last Name

Title

***(Signature Required if Authorized Signer)**

Phone

Email (Required if Authorized Signer)

Fax

Permissions (must check only one)
Authorized Signer to Move Funds*
Read Only Access

Voting Contact
Designee
Alternate Designee

Email Notifications
Monthly Statement
Transaction Confirmations

Individuals to be Removed

Print Full Name

Title

Voting Contact?***
Yes No

Print Full Name

Title

Yes No

**Each account requires one designee contact (does not need to be authorized signer) but can have any number of alternate designee contacts; a new designee contact must be assigned when one is removed.

The above changes have been duly approved by a current Authorized Signer:

Signature

Date

Print Name

Title

Note: All completed forms should be sent to the Client Service team via the contact information listed below.