Dual Authorization Form

Effective Date: _____   Participant #   CO-01-_____

Entity Name: _____

Please utilize this form to request/remove dual authorization capabilities on your COLOTRUST account. Dual authorization ensures that any transaction entered via the COLOTRUST online transaction portal requires approval from a second Authorized Signer in order to be processed (internal transfers between subaccounts do not require dual authorization). **Note**: All Authorized Signers listed on the account can enter transactions and approve them (not just the users below).

Request to Add Dual Authorization

Dual authorization is hereby approved for _____ by the Authorized Signer
Entity Name
below. By approving dual authorization, the Authorized Signer acknowledges that dual authorization on transactions is only applicable when conducted via the COLOTRUST Transaction Portal; transaction requests executed over the phone and via email do not require approval from a secondary Authorized Signer. Transactions not approved by the 11:00 a.m. MT cutoff will not be processed. Please ensure transactions are entered in a timely manner and that other authorized signers are available to approve the transactions for processing.

_____   _____
Authorized Signer's Signature   Date

_____   _____
Printed Name   Title

Request to Remove Dual Authorization

_____ requests the removal of dual authorization by the Authorized Signers
Entity Name
below.

_____   _____
Authorized Signer's Signature   Date

_____   _____
Printed Name   Title

_____   _____
Authorized Signer's Signature   Date

_____   _____
Printed Name   Title

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