



Authorized Signatory Amendment Form

Date Effective: _____

Name of Public Entity: _____

Participant Account #: _____

Individuals to be **Added**

Print Name (Mr./Ms., First, Middle Initial, Last)

Title

Signature

(603)

Telephone Number

Extension

E-mail address

Print Name (Mr./Ms., First, Middle Initial, Last)

Title

Signature

(603)

Telephone Number

Extension

E-mail address

Individual(s) to be **Removed**

Print Name (Mr./Ms., First, Middle Initial, Last)

Changes authorized by: (current authorized signer or Town Clerk)

Signature

Title

Date

Mail Completed Form to:

Cutwater Asset Management, Client Services • 113 King Street, Armonk, NY 10504