



Account Information Maintenance Form

*Required Fields

1. Account Registration

<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant Name*	Participant ID Number*	Effective Date*

Please select all the applicable pool(s).

Pool Name	Pool Number	MMDT Account Number
<input type="checkbox"/> MMDT Cash Portfolio	470	<input type="text"/>
<input type="checkbox"/> MMDT Short Term Bond Portfolio	596	<input type="text"/>

2. Maintenance Instructions

Please select all that require updating.

<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Participant Name	
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Account Name	
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Attention	
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Street Address	
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Mailing Address (if different from Street Address)	
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> City, State, Zip Code	
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Email Address for Primary Contact	

3. Signature

Note: This authorization must be executed by a current Authorized Representative of the Participant as set forth in the duly enacted Resolution of the Participant, which is on file with MMDT.

As a current Authorized Representative, I certify that the above information is both true and correct.

<input type="text"/>	<input type="text"/>
Authorized Representative Signature*	Date
<input type="text"/>	<input type="text"/>
Printed Name*	Telephone Number

4. Mailing Instructions

The completed Account Information Maintenance Form can be faxed to MMDT Participant Services at 1-617-235-7171, or mailed to:

MMDT Participant Services
P.O. Box 219712
Kansas City, MO 64121-9712