

Please complete this form to add new banking instructions, or to change or delete existing banking instructions.

***Required Fields**

1. Account Information

Effective Date:*

Please select the applicable pool(s):*

Pool Name

Pool Number

MMDT Cash Portfolio

470

MMDT Short Term Bond Portfolio

596

Participant Name*

Participant ID Number*

Account Name*

MMDT Account Number*

2. Banking Instructions

Add New Instructions

Change Existing Instructions

Delete Existing Instructions

Wire and ACH

Wire Only

ACH Only

Primary Instructions

Primary Instructions

Primary Instructions

3. Bank Information

Bank Name*

Bank Address*

City*

State*

Zip Code*

Bank ABA Number (Transit Code)*

Bank Account Number*

Name(s) on Account*

Correspondent Bank Information (if applicable)

Correspondent Bank Name

Correspondent Bank ABA Number

Correspondent Bank Account Name

Correspondent Bank Account Number

4. 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.

Authorized Representative Signature*

Date

Printed Name*

Telephone Number

5. Mailing Instructions

The completed Banking Instructions 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