



# Authorized Representative Deletion/Update Form

Complete this form to delete Authorized Representative(s) of the Participant.

**\*Required Fields**

### 1. Participant Information

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

Please select 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. Deletions

Please print the name(s) of the individual(s) to be deleted as Authorized Representative(s):

1.

2.

3.

### 3. Primary Contact

If the person being deleted is the Primary Contact, please complete all fields in this section for the Authorized Representative that will be the new Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, MMDT Updates, and other MMDT mailings.

<input type="text"/>		
Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	Fax Number	Email Address

### 4. Inquiry Only

If the person being deleted is an Inquiry Only Representative, please complete all fields in this section if you wish to add another individual in this capacity. Please note: Inquiry Only Representatives cannot perform transactions.

<input type="text"/>		
Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	Fax Number	Email Address

### 5. Approvals

Please enter the name of an individual who is currently an Authorized Representative and who authorizes the deletion(s) of the individual(s) above.

**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.

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

## 6. Mailing Instructions

The completed Authorized Representative Deletion/Update 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