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MMDT
MASSACHUSETTS MUNICIPAL DEPOSITORY TRUST

Participant to Participant Transfer Form

This form is available to MMDT Participants who wish to transfer funds from one participant to another participant. This form must be completed by the participant currently holding the assets.

*Required Fields

Settlement Date*

Dollar Amount*

1. Transfer Instructions

FROM: Participant currently holding the assets

Pool Name	Pool Number
☐ MMDT Cash Portfolio	470
☐ MMDT Short Term Bond Portfolio	596

Participant Name*

Participant ID Number*

MMDT Account Name*

MMDT Account Number*

TO: Participant receiving the assets

Pool Name	Pool Number
☐ MMDT Cash Portfolio	470
☐ MMDT Short Term Bond Portfolio	596

Participant Name*

Participant ID Number*

MMDT Account Name*

MMDT Account Number*

2. Signature

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

Authorized Representative Signature*

Date

Printed Name*

Telephone Number

3. Faxing Instructions

Please fax the completed form to MMDT Participant Services at 1-617-235-7171.

Mailing Address: MMDT Participant Services • P.O. Box 219712 • Kansas City, MO 64121-9712
Boston Office Location: Oliver Street Tower • 125 High Street, 21st Floor • Boston, MA 02110
1-888-965-MMDT (6638) • MyMMDT.com • Federated Investment Counseling

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