



Electronic Statement Delivery Consent Form

*Required Fields

1. Participant Information

Participant Name*

Participant ID Number*

Participant E-mail*

Note: Only one e-mail address will receive notification when the monthly statements are available.

2. Signature

Signing this form authorizes MMDT Participant Services to discontinue mailing monthly paper statements. Please note, this will apply to all accounts in your portfolio. If you wish to resume receiving monthly statements in the future, please contact MMDT Participant Services at the number listed at the bottom of this form.

Please be aware that this will not impact the delivery of your daily confirmation statements.

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.

Authorized Representative Signature*

Date*

Printed Name*

Telephone Number*

3. Mailing Instructions

The completed Electronic Statement Delivery Consent 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