

List the name of the Authorized Representative (provided above) that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement. Please also indicate if we are able to use your entity's name as a reference with other clients or prospects by selecting the box below.

Able to use entity as a reference
Printed Name

In addition, and at the option of the Participant, additional authorized representative(s) can be designated to perform **inquiry only** of selected information. This limited representative cannot make purchases or distributions. If the Participant desires to designate a representative with inquiry rights only, complete the following information.

1.	<input type="text"/> Name	<input type="text"/> Title
	<input type="text"/> Telephone Number	<input type="text"/> Email
2.	<input type="text"/> Name	<input type="text"/> Title
	<input type="text"/> Telephone Number	<input type="text"/> Email
3.	<input type="text"/> Name	<input type="text"/> Title
	<input type="text"/> Telephone Number	<input type="text"/> Email
4.	<input type="text"/> Name	<input type="text"/> Title
	<input type="text"/> Telephone Number	<input type="text"/> Email

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. *This document supersedes all prior Authorized Representative designations.*

Participant Name

Signature

Printed Name

Delivery Instructions

Please return this document to **MMDT Participant Services:**

Email: MMDTParticipantServices@FederatedHermes.com

Fax: 1-617-235-7171

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