

Authorized Representatives Resolution

WHEREAS,

Participant Name

Participant ID Number (To be completed by MMDT)

("Participant") is a public unit of the Commonwealth of Massachusetts and is empowered to delegate to a public funds investment pool the authority to invest funds and to act as custodian of investments purchased with local investment funds;

This Resolution is to certify that:

- A. The individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in MMDT and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.
- B. An Authorized Representative of the Participant may be deleted by a written instrument signed by a remaining Authorized Signer provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's MMDT account, or (2) is no longer employed by the Participant.
- C. The Participant may, by executing a Authorized Representatives Resolution signed by the Participant, add an Authorized Representative provided the additional Authorized Representative is an officer, employee, or agent of the Participant.

List the Authorized Representative(s) of the Participant below, and indicate if he or she is an authorized signer and trader or a trader only. Each new Authorized Representative will be issued a personal identification number to transact business with MMDT Participant Services.

Note: An email address is required for each person listed below.

1.	<input style="width: 95%;" type="text"/> Name	<input type="checkbox"/> Authorized Signer & Trader <input type="checkbox"/> Authorized Trader Only
	<input style="width: 95%;" type="text"/> Title	
	<input style="width: 200px;" type="text"/> Telephone Number	<input style="width: 500px;" type="text"/> Email
	<input style="width: 95%;" type="text"/> Signature	
2.	<input style="width: 95%;" type="text"/> Name	<input type="checkbox"/> Authorized Signer & Trader <input type="checkbox"/> Authorized Trader Only
	<input style="width: 95%;" type="text"/> Title	
	<input style="width: 200px;" type="text"/> Telephone Number	<input style="width: 500px;" type="text"/> Email
	<input style="width: 95%;" type="text"/> Signature	
3.	<input style="width: 95%;" type="text"/> Name	<input type="checkbox"/> Authorized Signer & Trader <input type="checkbox"/> Authorized Trader Only
	<input style="width: 95%;" type="text"/> Title	
	<input style="width: 200px;" type="text"/> Telephone Number	<input style="width: 500px;" type="text"/> Email
	<input style="width: 95%;" type="text"/> Signature	
4.	<input style="width: 95%;" type="text"/> Name	<input type="checkbox"/> Authorized Signer & Trader <input type="checkbox"/> Authorized Trader Only
	<input style="width: 95%;" type="text"/> Title	
	<input style="width: 200px;" type="text"/> Telephone Number	<input style="width: 500px;" type="text"/> Email
	<input style="width: 95%;" type="text"/> Signature	

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