



UPDATE OF AUTHORIZED PERSONNEL

Note: The authorizations on this form cover ALL CURRENT AND FUTURE ACCOUNTS UNDER YOUR ENTITY unless indicated otherwise.

Entity Name: _____

Address: _____

Any one of your Fund account numbers (to verify ownership): _____

This account only

1. GENERAL AUTHORIZED PERSONNEL

Only the person(s) whose position(s) appear below, and their respective successors, have been duly designated by the Entity as **authorized signatories** with **full power** to:

- 1) request written changes to wire redemption instructions and other account information; AND
- 2) effectuate the purchase and redemptions of the Fund's Portfolio and Fixed Income Investment Program of the Entity from time to time.

Replace ALL previous authorizations on file Update these portions only Add name(s) to current list

_____	_____	_____
Print Name	Title	Signature

_____	_____	_____
Print Name	Title	Signature

_____	_____	_____
Print Name	Title	Signature

_____	_____	_____
Print Name	Title	Signature

2. CERTIFICATION

This section must be signed by either 1) an authorized person as designated in the Master Account Application; or 2) the new incumbent in an authorized position – must attach a copy of the board minutes covering the appointment/election of the new incumbent. **THIS PERSON MUST ALSO BE LISTED IN SECTION 1.** The authorizations set forth on this form shall remain in full force and effect until the Fund receives written notification of a change.

Authorized Signature _____ Date _____

Name of Authorized Signatory Title/Position

IN ORDER FOR THIS FORM TO BECOME EFFECTIVE, THE ORIGINAL SIGNED FORM MUST BE MAILED TO US AT:

PMA Financial Network, Inc. • 2135 CityGate Lane, 7th Floor • Naperville, IL 60563 • Toll Free 1-800-783-4273