

Certificate of Incumbency



Complete this form to certify a requestor of a non-incorporated organization to act on an account.

Note: Certification provided by this form is **valid for 12 months and must be renewed annually**. If not, requests for trades, account changes, and account information may be delayed.

Please complete all applicable fields using blue or black ink, and print clearly in capital letters.

1. Account Information

Enter the information as it appears on the account statements.

Name of Organization

Fund Name and Share Class **or** Fund Number

Full Account Number

Fund Name and Share Class **or** Fund Number

Full Account Number

Contact Name

Contact Phone Number

2. Authorized Signer Information

The undersigned, being appointed as authorized signers of a duly organized
Name of Entity

certifies that any of the individuals listed below are authorized to request
Type of Entity

transactions for the account(s) noted above in Section 1.

1.
Name Title

Signature

2.
Name Title

Signature

3.
Name Title

Signature

4.
Name Title

Signature

5.
Name Title

Signature

To name additional authorized signers, attach a separate sheet that includes all information requested above; sign and date the sheet.

