

Please print or type clearly and sign in the box in blue or black ink. This form replaces all authorizations previously on file, so all authorized signatories must sign.

The authorizations on this form cover all current and future accounts under your entity, unless you mark "This account only" under your account number. Do not list Fund check signatories on this form unless they have dual authorization. [If you need to update Fund check signers as well, please contact us for the appropriate documentation.] *If you have questions about this form, call your Fund representative toll-free at 1.800.783.4273.*

Entity Name: _____

Address: _____

Phone: _____ Fax: _____

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

1. 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 redemption of Fund shares of the Entity from time to time.

Print Name	Title	Signature
Print Name	Title	Signature
Print Name	Title	Signature
Print Name	Title	Signature

2. CERTIFICATION

- 1) This section must be signed by either:
 - a. an authorized person as designated in the Master Account Application, **OR**
 - b. the new incumbent in an authorized position. You 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** unless you wish to omit this person from your list of authorized personnel.
- 2) The authorizations set forth on this form shall remain in full force and effect until the Fund receives written notification of a change.

 Signature

 Title

 Print Name

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