

AUTHORIZED SIGNATORY AND DESIGNEE

Amendment Form

Effective Date: ____/____/____ Participant # CO-01-_____

Individuals to be **Added**

**Note: Participant accounts may have only one designee. Former Designee must be removed with the addition of a new Designee.*

(Print name)	_____	Title
	(First, Middle Initial, Last)	
Signature	_____	(email) _____
(Telephone #)	_____	(Fax #) _____
Designee (for voting only)		Authorized Signatory (to move funds)
		Internet Read Only
		Email Monthly Statement Requested
Alternate Designee		Pin Number Requested

(Print name)	_____	Title
	(First, Middle Initial, Last)	
Signature	_____	(email) _____
(Telephone #)	_____	(Fax #) _____
Designee (for voting only)		Authorized Signatory (to move funds)
		Internet Read Only
		Email Monthly Statement Requested
Alternate Designee		Pin Number Requested

Individuals to be **Removed**

(Print name)	_____	Title
	(First, Middle Initial, Last)	
Remove Completely	Designee	Authorized Signatory
	Alternate Designee	Internet Read Only

(Print name)	_____	Title
	(First, Middle Initial, Last)	
Remove Completely	Designee	Authorized Signatory
	Alternate Designee	Internet Read Only

The above changes have been duly approved by a current authorized signatory below:

_____	_____	____/____/____
Signature	Title	Date

Note: All completed forms should be mailed to COLOTRUST, 1700 Broadway, Suite 2050, Denver, Colorado 80290. Faxes will be accepted at (877) 311-0220.