



# Signatory Amendment Form

Effective Date \_\_\_\_\_

Participant # FL-01-\_\_\_\_\_

## Individuals to be Added

Mr. Ms. \_\_\_\_\_  
Print First and Last Name Title

\_\_\_\_\_  
Signature (\*required if Authorized Signer) Phone

\_\_\_\_\_  
Email Fax

### Permissions (must check one)

Authorized Signer to Move Funds\*  
Read Only Access

### Email Notifications

Monthly Statements  
Transaction Confirmations

### Online Account

Online User Access

Mr. Ms. \_\_\_\_\_  
Print First and Last Name Title

\_\_\_\_\_  
Signature (\*required if Authorized Signer) Phone

\_\_\_\_\_  
Email Fax

### Permissions (must check one)

Authorized Signer to Move Funds\*  
Read Only Access

### Email Notifications

Monthly Statements  
Transaction Confirmations

### Online Account

Online User Access

## Individuals to be Removed

Mr. Ms. \_\_\_\_\_  
First and Last Name Title

Mr. Ms. \_\_\_\_\_  
First and Last Name Title

The above changes have been duly approved by a current Authorized Signer:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title

**Note:** All completed forms can be sent by email to [clientservices@flclass.com](mailto:clientservices@flclass.com) or by fax to 844-220-7900.