



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 or by fax to 844-220-7900.