MB FOUNDATION
Giving Meaning to Money™

MB FOUNDATION
ACCOUNT AUTHORIZATION – ORGANIZATION

SECTION I: ACCOUNT INFORMATION

Account Number(s) _____ Organization _____

SECTION II: REPRESENTATIONS AND AGREEMENT

BY SIGNING BELOW, YOU REPRESENT AND AGREE TO THE FOLLOWING:

1. **Authority.** By signing below, the Authorized Signer: (a) represents that they are authorized to transact business for the Organization identified in Section I; (b) agrees to the changes indicated in this Request; and (c) authorizes MBF to make the changes in this Request to the Account identified in Section I.

2. **Terms of Account(s).** By signing below, each Authorized Signer represents that he/she understands the terms of the Account(s) identified in Section I and agrees to be bound by the terms of the original agreement.

3. **Change in Authorized Authorities.** If Authorized Signers are being changed on the Account(s) identified in Section I, then all Signers must sign below in Section III. All Signers acknowledge that MBF is authorized to act upon the instructions and directions of any Authorized Signer in all matters, including but not limited to redemption requests.

Signature _____ Date _____

Print Name _____ Title _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip Code _____

☐ Please give me online access

* Board minutes and/or Resolutions may be requested to document signing authority.

SECTION III: ACCOUNT ACCESS & AUTHORITY

AUTHORIZED SIGNERS. All Authorized Signers must sign below. This request supersedes all prior authorized signers from the original or previous information provided.

Print Name _____ Title _____ Signature _____

Email Address _____ Mailing Address _____ City _____ State _____ Zip Code _____

Select one: ☐ Signing Authority (Online Access) ☐ Signing Authority Only ☐ Viewing Access Only ☐ Remove Viewing Access

Print Name _____ Title _____ Signature _____

Email Address _____ Mailing Address _____ City _____ State _____ Zip Code _____

Select one: ☐ Signing Authority (Online Access) ☐ Signing Authority Only ☐ Viewing Access Only ☐ Remove Viewing Access

Print Name _____ Title _____ Signature _____

Email Address _____ Mailing Address _____ City _____ State _____ Zip Code _____

Select one: ☐ Signing Authority (Online Access) ☐ Signing Authority Only ☐ Viewing Access Only ☐ Remove Viewing Access

Print Name _____ Title _____ Signature _____

Email Address _____ Mailing Address _____ City _____ State _____ Zip Code _____

Select one: ☐ Signing Authority (Online Access) ☐ Signing Authority Only ☐ Viewing Access Only ☐ Remove Viewing Access

Print Name _____ Title _____ Signature _____

Email Address _____ Mailing Address _____ City _____ State _____ Zip Code _____

Select one: ☐ Signing Authority (Online Access) ☐ Signing Authority Only ☐ Viewing Access Only ☐ Remove Viewing Access