Authorized Individuals for Collateral Management

Tel: 317-232-5257

Fax: 317-232-6650

To: Indiana Board for Depositories
One North Capital Avenue Suite

City, State, Zip Code

One North Capitol Avenue Suite 900 Indianapolis, IN 46204-2026

		Date:		
of individuals co	ertified to take authoritative acti ase of collateral from the accour	on on our behalf with respect to the collateral accent. You may rely on the authority of these individuals	ount, including a directions to deliver or	
☐ Add/update	Telephone:	Print Name:	Title:	
□ Remove	Fax:	Signature:	Date:	
☐ Add/update	Telephone:	Print Name:	Title:	
□ Remove	Fax:	Signature:	Date:	
☐ Add/update	Telephone:	Print Name:	Title:	
□ Remove	Fax:	Signature:	Date:	
		Pledgor		
The Undersigne	ed hereby certifies that he/she is	authorized to act on behalf of the designated depo	ository.	
Name of deposi	•	Official Signature / Date		
Street Address or P.O Box Number		Printed Name and Title	Printed Name and Title	

Pledgee

We, the Indiana Board for Depositories, certify that the individuals listed above will be added to or removed from the list of individuals certified to provide instructions with respect to the account identified above for the purposes of delivering securities into the account, and substituting securities of equal or greater value for securities held in the account. Any direction that reduces the value of the account must be approved by an authorized person at the Indiana Board for Depositories.

Printed Name and Title	Official Signature / Date