



# Signatory Amendment Form

Office of the Treasurer of Indiana

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

Participant # IN-02-\_\_\_\_\_

## 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@trustindiana.in.gov](mailto:clientservices@trustindiana.in.gov) or by fax to 888-860-0963.