

Name of Authorized Signatory

Title/Position

UPDATE OF AUTHORIZED PERSONNEL

Note: The authorizations on this form cover ALL CURRENT AND FUTURE ACCOUNTS UNDER YOUR ENTITY unless indicated otherwise. Entity Name: Address: Any one of your Fund account numbers (to verify ownership): 1. GENERAL AUTHORIZED PERSONNEL Only the person(s) whose position(s) appear below, and their respective successors, have been duly designated by the Entity as **authorized signatories** with **full power** to: 1) request written changes to wire redemption instructions and other account information; AND 2) effectuate the purchase and redemptions of the Fund's Portfolio and Fixed Income Investment Program of the Entity from time to time. ☐ Replace ALL previous authorizations on file ☐ Update these portions only ☐ Add name(s) to current list Print Name Title Signature Title Print Name Signature Print Name Title Signature Signature Print Name Title 2. CERTIFICATION This section must be signed by either 1) an authorized person as designated in the Master Account Application; or 2) the new incumbent in an authorized position - must attach a copy of the board minutes covering the appointment/election of the new incumbent. THIS PERSON MUST ALSO BE LISTED IN SECTION 1. The authorizations set forth on this form shall remain in full force and effect until the Fund receives written notification of a change. Authorized Signature Date

IN ORDER FOR THIS FORM TO BECOME EFFECTIVE, THE ORIGINAL SIGNED FORM MUST BE MAILED TO US AT: