**MULTISTATE POWER OF ATTORNEY FORM – ADDENDUM B**

OPTIONAL BAR CODE

**RESET FORM**

**SUBMIT FORM**

**PRINT FORM**

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**Additional Representative(s)/Appointee(s)**

*List any additional representative(s)/appointee(s).*

*Check this box to send copies of notices to this representative.*

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| --- | --- |
| Name: **Additional Representative** | Bar Number, CFA, SSN, FEIN, ITIN, or Other Professional ID: |
|  |  |
| Address (suite, room, PO Box, or PMB no.):  | Telephone Number: | Fax Number: |
|  | ( ) - | ( ) - |
| City:  | State: | Zip Code: |
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| Email address: |
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*Check this box to send copies of notices to this representative.*

**Additional Representative**

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