**ADDENDUM A TO FORM MTC- POA**

**RESET FORM**

**SUBMIT FORM**

**PRINT FORM**

**UNIVERSAL POWER OF ATTORNEY DECLARATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Additional Representative**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Initial: | Last Name: | 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: |
|  | | |  |  |
| Email address: | | | | |
|  | | | | |

**Additional Representative**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Initial: | Last Name: | 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: |
|  | | |  |  |
| Email address: | | | | |
|  | | | | |

**Additional Representative**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Initial: | Last Name: | 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: |
|  | | |  |  |
| Email address: | | | | |
|  | | | | |

**Additional Representative**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Initial: | Last Name: | 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: |
|  | | |  |  |
| Email address: | | | | |
|  | | | | |

**Additional Representative**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Initial: | Last Name: | 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: |
|  | | |  |  |
| Email address: | | | | |
|  | | | | |

Page 1 of 1

Page 1 of 1