## ADDENDUM A TO FORM MTC- POA UNIVERSAL POWER OF ATTORNEY DECLARATION

SUBMIT FORM

PRINT FORM

RESET FORM

Additional Representative(s)/Ap	pointe	ee(s) List any additional rep	resentative(s)/appointee(s).		
Additional Representative					
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:	
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Email address:					
Additional Representative					
Name: Initial: Last Name:			Bar Number, CFA, SSN, FEIN, ITIN, or Other Professional ID:		
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Additional Representative	T	T	To a content	01. 0. ( ) 10.	
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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:	
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City:			State:	Zip Code:	
Email address:					
Additional Representative					
Name:	Initial:	Last Name:	Bar Number, CFA, SSN, FEIN, ITIN, o	r Other Professional ID:	
Address (suite, room, PO Box, or PMB no.):			Telephone Number:	Fax Number:	
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