

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

SUBMIT FORM

PRINT FORM

RESET FORM

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:				

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