**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).*

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**Additional Representative**

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| 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: |
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| Email address: |
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**Additional Representative**

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Page 1 of 1

Page 1 of 1