

Retirement Cash Management Account (RCMA) and Retirement Cash Management Account II (RCMA II) Authorized Representative Change Form

Instructions

Use this form to make updates to Authorized Representatives on your RCMA or RCMA II account. All current Plan Trustees must sign this form.

Return Completed Forms to:

By Fax:
866 994 7807

By Standard Mail:
Merrill Document Processing
3315 Central Avenue
Hot Springs, AR 71903

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Authorized Representatives

Authority Instructions

Please indicate whether you are adding or removing an Authorized Representative or an authority from an Authorized Representative by selecting the box(es) below. All current Plan Trustees must sign this form.

- Add an Authorized Representative.** Please indicate authorities being granted below.
 - Trade**
 - Fund/Security Distribution**
- Remove Authorized Representative** (Only Account Number, Business Name, First Name, MI and Last Name required).
- Modify Authority for an Existing Authorized Representative** (Only Account Number, Business Name, First Name, MI, Last Name and Authority selection required). Please indicate authorities that Authorized Representative should maintain below.
 - Trade**
 - Fund/Security Distribution**

Print additional pages, if needed.

Instructions

If the Authorized Representative is a Resident Alien, please submit copies of passport and green card with application.

Existing Merrill Account Number _____

As indicated in the Authority Instructions on the left side of this page, the following individual(s) is/are authorized, or no longer authorized, to act on behalf of:

(Customer) Business Name

Name

Social Security Number (SSN)

Date of Birth (DOB)

Permanent Residential Address: Street

City

State/Province

ZIP Code

For authorized designees without SSN, please complete the following information.

Country of Citizenship

Passport Type

- Standard Passport
- Military Passport
- Diplomatic Passport
- Other: _____
(Explain)

Green Card ID Number

Passport Number

Place of Issuance

Place of Issuance

Date Issued

Expiration Date

Date Issued

Expiration Date

Authorized Representative Signature

Date

Agreement & Signatures

THIS DOCUMENT MUST BE SIGNED BY ALL INDIVIDUALS WITH "TRUSTEE" AUTHORITY ON THE ABOVE-REFERENCED EXISTING MERRILL ACCOUNT NUMBER. IF NO SUCH PERSON IS AVAILABLE, THIS FORM MAY NOT BE USED AND A NEW RCMA OR RCMA II ACCOUNT APPLICATION BOOKLET MUST BE COMPLETED. FOR ADDITION(S) OF AUTHORIZED REPRESENTATIVES, THE UNDERSIGNED CERTIFIES THAT THE AUTHORIZED REPRESENTATIVES LISTED ABOVE HAVE THE AUTHORITY TO ACT AS INDICATED UNDER THEIR NAMES IN ACCORDANCE WITH THE RCMA FINANCIAL SERVICES DOCUMENT EXECUTED FOR THE ABOVE-REFERENCED MERRILL ACCOUNT RELATIONSHIP AND THE SIGNATURE(S) IN THE CHANGE FORM ARE THE TRUE AND CORRECT SIGNATURE(S) OF EACH PERSON. FOR REMOVAL(S) OF AUTHORIZED REPRESENTATIVE(S), THE UNDERSIGNED CERTIFIES THAT THE AUTHORIZED REPRESENTATIVE ABOVE SHOULD NO LONGER BE AUTHORIZED TO ACT ON THE CUSTOMER'S BEHALF WITH REGARD TO THE ACCOUNT(S) LISTED ABOVE. THE INSTRUCTIONS ABOVE HAVE BEEN DULY AUTHORIZED BY THE CUSTOMER, AND THE UNDERSIGNED CERTIFIES THE REQUESTED ADDITIONS/REMOVALS.

Print Name	
Current Plan Trustee Signature	Date
Print Name	
Current Plan Trustee Signature	Date
Print Name	
Current Plan Trustee Signature	Date
Print Name	
Current Plan Trustee Signature	Date

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