



Authorization

Company.....
Street.....
ZIP.....
City.....
State / Province....
Country.....
Telephone.....
Fax.....
Email.....
Contact.....

Fund or Investment Program:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

The above Company authorizes HMS Fund Service to enter, update and maintain the information for our funds or investment programs on specialized databases and to act as our agent in this matter.

Any passwords/login details may be passed on to HMS Fund Service on our behalf.

This authorization is valid until revoked.

Date

Signature