

DESIGNEE AUTHORIZATION FORM

I request that the individual(s) named below have designated authority to sign on my behalf in my capacity as _____ . This authorization is effective until _____ (Title) _____ revoked by me in writing.

(Print or Type Name)

(Title)

(Signature)

(Date)

Authorized Designee(s)

- | | | | |
|----|-------------------------------|----|----------------------|
| 1. | _____ | 1. | _____ |
| | (Print or Type Designee Name) | | (Designee Signature) |
| 2. | _____ | 2. | _____ |
| | (Print or Type Designee Name) | | (Designee Signature) |
| 3. | _____ | 3. | _____ |
| | (Print or Type Designee Name) | | (Designee Signature) |