



# FIRST NATIONS FINANCE AUTHORITY

*Change of Signing Authorities for FNFA Pooled Investment Fund*

Client Legal Name: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY MM DD

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name	Title	Signature

The signature appearing opposite the name and title of each Authorized Officer above is the genuine and original signature of such officer. I further certify that if any Authorized Officer ceases to hold his/her current title and authority to bind the FNFA Member as set out below, or if any additional person receives such authority, the FNFA Member will provide the FNFA with a new specimen signature form reflecting such changes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person attesting to authorized signatures

\_\_\_\_\_  
Printed name & title

All instructions require the signature of \_\_\_\_\_ (if applicable) and any \_\_\_\_\_ (please indicate number) of the authorized officers.