



**New York Public Entity**

**Signatory Amendment Form**

Date Effective: \_\_\_\_\_

Name of Public Entity: \_\_\_\_\_

Participant Account #: \_\_\_\_\_

Individuals to be **Added**

\_\_\_\_\_  
Print Name (Mr./Ms., First, Middle Initial, Last)      Title      Signature

\_\_\_\_\_  
Telephone Number      Extension      E-mail address

\_\_\_\_\_  
Print Name (Mr./Ms., First, Middle Initial, Last)      Title      Signature

\_\_\_\_\_  
Telephone Number      Extension      E-mail address

Individuals to be **Removed**

\_\_\_\_\_  
Print Name (Mr./Ms., First, Middle Initial, Last)

\_\_\_\_\_  
Print Name (Mr./Ms., First, Middle Initial, Last)

Changes authorized by:

\_\_\_\_\_  
Signature      Title      Date

NOTE: All completed forms should be mailed to: Cutwater Asset Management,  
113 King Street, Armonk, NY 10504, Attention: Client Services or fax to (800) 765-7600.