

Signature Authorization Form

The Signature Authorization Form designates whom the Plan Sponsor authorizes to sign forms on his/her behalf. Any individual that has full "To Do List" access, must sign this form.

Plan Account Number	Employer Name	Division (if applicable)

Authorized Person(s) Signatures

As of _____, 20____ the following person(s) of our institution are authorized to sign on behalf of the Plan Sponsor. (We recommend that at least two people be authorized to sign.)

Names (please print)

Authorized Person(s) Signature

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Authorized by company officer other than those listed above:

Name (please print) _____

Title _____

Signature _____ Date _____

Completed forms should be faxed to 303-801-6017 attention Oppenheimer Plan Support



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