

## Permission Management Authorization Form

Complete this form and fax to FundSERV Technical Support at 416-368-3436 to set the FUNDcom permissions for your firm. This change will take effect the business day after you have submitted the form.

### Company Information

Name: \_\_\_\_\_ Code: \_\_\_\_\_

If your company is a fund company, choose from the following options:

		No Access	Select	All
<b>Roles</b>	<b>Administrator</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Advisor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Assistant</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your company is a dealer, choose from the following options:

<b>Account Designations</b>		<b>Intermediary</b>	<b>Client</b>	<b>Nominee</b>
<b>Roles</b>	<b>Administrator</b>	<input type="checkbox"/> No access	<input type="checkbox"/> No access	<input type="checkbox"/> No access
		<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select
		<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
	<b>Advisor</b>	<input type="checkbox"/> No access	<input type="checkbox"/> No access	<input type="checkbox"/> No access
		<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select
		<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
<b>Assistant</b>	<input type="checkbox"/> No access	<input type="checkbox"/> No access	<input type="checkbox"/> No access	
	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	
	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	

**Signing Officer Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**FUNDcom PMI contact**

same as above (if not, complete the following)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_