CHANDLER ASSET MANAGEMENT

Authorized Representatives

Client Information

Account Name

Address **City** **State** **Zip**

Primary Contact **Title** **Email** **Telephone/Fax**

Authorized Representatives

Name	Title	Telephone	Email	Signature
John Smith	Treasurer	(555) 555-5555	johnsmith@sample.org	John Smith

As an authorized officer or individual empowered to act for and on behalf of the person or entity referenced above, I hereby authorize Chandler Asset Management (Chandler) to take instructions concerning our account from the authorized representatives listed above. I also certify that any changes to the authorized representatives listed above will be forwarded to Chandler in a timely manner and that notice will be deemed given at the time of actual receipt by Chandler.

Chandler is also authorized to provide account related information, including but not limited to account balances, statements, trade tickets and other requested information to these same individuals or to unlisted individuals designated by them.

_____ _____ _____

Print Name & Title **Signature of Authorized Representative** **Date**