



Authorized Representative Deletion Form

Please complete this form to delete Authorized Representative(s) of the Participant.

***Required Fields**

1. Participant Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant Name*	Location Number*	Effective Date*

2. Deletions

Please print the name(s) of the individual(s) to be deleted:

As Authorized Representative(s):

As Inquiry Only Representative(s):

1. <input type="text"/>	1. <input type="text"/>
2. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	3. <input type="text"/>

3. Primary Contact

If the person being deleted is the Primary Contact, please provide the name of the TexPool Authorized Representative that will be the new Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, TexPool Updates, and other TexPool mailings.

<input type="text"/>	<input type="text"/>
Name	Title
<input type="text"/>	<input type="text"/>
Telephone Number	Fax Number
<input type="text"/>	Email Address

4. Inquiry Only

If the person being deleted is an Inquiry Only Representative, please specify below if you wish to add another individual in this capacity. Please note: Inquiry Only Representatives cannot perform transactions.

<input type="text"/>	<input type="text"/>
Name	Title
<input type="text"/>	<input type="text"/>
Telephone Number	Fax Number
<input type="text"/>	Email Address

5. Approvals

Please enter the name of two individuals who are currently Authorized Representatives and who authorize the deletion(s) of the individual(s) above.

Note: This authorization must be executed by a current Authorized Representative of the Participant as set forth in the duly enacted Resolution of the Participant, which is on file with TexPool.

<input type="text"/>	<input type="text"/>
Authorized Representative Signature*	Date*
<input type="text"/>	<input type="text"/>
Printed Name*	Telephone Number
<input type="text"/>	
Title*	
 <input type="text"/>	 <input type="text"/>
Authorized Representative Signature*	Date*
<input type="text"/>	<input type="text"/>
Printed Name*	Telephone Number
<input type="text"/>	
Title*	

6. Mailing Instructions

The completed Authorized Representative Deletion Form can be faxed to TexPool Participant Services at 1-866-839-3291, and mailed to:

TexPool Participant Services
1001 Texas Avenue, Suite 1400
Houston, TX 77002