



REQUEST FOR CHANGE TO SIGNING MANDATE

FORM-RFCTSM-042025

I/We the undersigned instruct that all transactions with respect to the account noted below at your institution in our name(s) should be registered to allow any unit holder to encash units.

Account Number _____ Account Name _____

** Please note that a separate form must be completed for each account held.*

Client Name 1 _____ Client Signature _____ Date _____	Witnessed in the Presence of <i>(JMMB Team Member, Justice of the Peace, Notary Public)</i> Name _____ Signature _____ Address _____ Occupation _____ SEAL/STAMP
Client Name 2 _____ Client Signature _____ Date _____	Witnessed in the Presence of <i>(JMMB Team Member, Justice of the Peace, Notary Public)</i> Name _____ Signature _____ Address _____ Occupation _____ SEAL/STAMP
Client Name 3: _____ Client Signature _____ Date _____	Witnessed in the Presence of <i>(JMMB Team Member, Justice of the Peace, Notary Public)</i> Name _____ Signature _____ Address _____ Occupation _____ SEAL/STAMP
Client Name 4: _____ Client Signature _____ Date _____	Witnessed in the Presence of <i>(JMMB Team Member, Justice of the Peace, Notary Public)</i> Name _____ Signature _____ Address _____ Occupation _____ SEAL/STAMP
FOR INTERNAL USE	
JMMB Representative/Signature _____ / _____ Date Received _____	
Authorizing Agent /Signature _____ / _____ Date Authorized _____	