

Investment Account Management Authorization

Date: _____

To Whom It May Concern,

We, the undersigned, hereby authorize [**Authorized Individual's Name**] of [**Authorized Individual's Organization**] to manage our investment account with [**Investment Firm's Name**], Account Number: [**Account Number**].

This authorization grants the authorized individual the following rights:

- To make investment decisions on behalf of [**Nonprofit Organization's Name**].
- To request transactions and account statements.
- To communicate with the investment firm regarding account details.

This authorization is effective as of [**Effective Date**] and will remain in effect until revoked in writing by the nonprofit organization.

Thank you for your prompt attention to this matter.

Sincerely,

[**Authorized Signatory's Name**]

[**Title**]

[**Nonprofit Organization's Name**]

[**Contact Information**]

Signature: _____