

STANDARD INSURANCE COMPANY

National Accounts Services – PSB9A
920 SW 6th Ave * Portland, OR 97204

**CLAIMS FLUCTUATION RESERVE
AND PREMIUM DEPOSIT ACCOUNT
GROUP DEPOSITS SIGNATURE FORM**

Policyholder Name: City of Milwaukee

Group Policy No. 626556

Phone No. _____

The following persons ("Signers") have authorization to withdraw funds from the Group Deposit Account maintained in connection with the Group Policy specified above, subject to the terms of the Group Deposit Agreement.

Name & Title of Signer (please print): _____ **Date:** _____

Signature of Signer: _____ **Date:** _____

Name & Title of Signer (please print): _____ **Date:** _____

Signature of Signer: _____ **Date:** _____

Name & Title of Signer (please print): _____ **Date:** _____

Signature of Signer: _____ **Date:** _____

Signature of Policyholder's Authorized Representative

(Please print name/title)

Date: _____

Note: If the authorized representative is to be a Signer, he/she must also complete the Signer portion of the form.