

Fund Select

Date	
Relationship Number	

TO WHOM IT MAY CONCERN

This is to certify that I/we, _____
the authorized signatory(ies) of _____
authorize Fund Select, a Mutual Fund advisory service of IGI Investment Bank, to collect
information of our institute's mutual fund investment(s) through Fund Select from your
institution from time to time.

This authority would facilitate Fund Select (IGI Investment Bank) to provide consolidated
statement to our institute on a regular basis detailing our investments.

Signature(s)				
Name(s) of Authorized Signatory (ies)				

We would prefer to receive our monthly statement through the following mode(s):

- Physical
- Email