## Certificate of Authorized Signatory



Sponsor Name	
Please indicate applicable Group Plan number(s):	
The following provides a specimen signature of a person duly author of the above-noted plan(s).	orized to give information on behalf of the Sponsor to Royal Bank or Royal Trust, in respect
Cinnatura	
Signature:	
Name:	
Title:	
	nending this authorized signatory to reflect changes and for delivering the instructions to Certificate of Authorized Signatory it has on file for this signatory in processing any
Signed and certified on behalf of the Sponsor, this	day of, 20
by:	by:
(Authorized signing officer)	(Authorized signing officer)
Name:	Name:
Title:	Title:

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