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## PRIT FUND LETTER OF INCUMBENCY

The PRIT Fund Letter of Incumbency provides the Pension Reserves Investment Management (PRIM) Board with the names and signatures of the individuals who are authorized by your Board to give instruction and act on behalf of your System or Entity with respect to all cash and securities transactions. This also applies to any Private Equity Vintage Year commitments.

Please complete the top section of the form with your System or Entity's name and the name of the Board Chair. The Chair must sign and date the applicable lines in this section in order to certify the signatures listed below the heading "Authorized Representatives". In the bottom section of the certificate, please provide the name, title and signature of each authorized representative on the appropriate lines. Please note that the Board Chair must also sign below the heading "Authorized Representatives" to be able to authorize direction letters and PRIT Fund transaction forms.

A copy of the Letter of Incumbency should be returned to PRIM Client Service via e-mail at [clientservice@mapension.com](mailto:clientservice@mapension.com). The original signed form should be sent via US Mail to the following address:

Client Service  
Pension Reserves Investment Management Board  
84 State Street, Suite 250  
Boston, MA 02109



PENSION RESERVES  
INVESTMENT  
MANAGEMENT BOARD

PRIT FUND LETTER OF INCUMBENCY

The following persons listed under the heading "Authorized Representatives" are authorized to give instructions and to act on behalf of the below named System or Entity with respect to all cash and securities transactions.

I certify that the true signature of each such person is set forth below opposite his/her name, that this certificate revokes all prior certificates, and that the Pension Reserves Investment Management Board may rely upon this certificate until such time as it receives another certificate bearing a later date.

Signed,

\_\_\_\_\_  
Board Chair Signature                      \_\_\_\_\_ Date                      **ABC Retirement Board**  
System/Entity Name

\_\_\_\_\_  
Name (print or type)

**Authorized Representatives**

\_\_\_\_\_  
Name (print or type)                      \_\_\_\_\_ Title                      \_\_\_\_\_ Signature

**SAMPLE**

\_\_\_\_\_  
Name (print or type)                      \_\_\_\_\_ Title                      \_\_\_\_\_ Signature

\_\_\_\_\_  
Name (print or type)                      \_\_\_\_\_ Title                      \_\_\_\_\_ Signature

\_\_\_\_\_  
Name (print or type)                      \_\_\_\_\_ Title                      \_\_\_\_\_ Signature

\_\_\_\_\_  
Name (print or type)                      \_\_\_\_\_ Title                      \_\_\_\_\_ Signature

\_\_\_\_\_  
Name (print or type)                      \_\_\_\_\_ Title                      \_\_\_\_\_ Signature