Louisiana Asset Management Pool, Inc.

Authorized Signatory Amendment Form

If you have any questions, please call the LAMPline at 1-800-272-8162.

Date effective: _____/_____/_____

Name of Public Entity: _____

Participant Account #: _____

Please make the following changes for the named entity:

Individuals to be *ADDED*

Print Name (First, Middle Initial, Last)	*Title*	*Signature*
( ) *Telephone Number*	*Extension*	*E-mail Address*
Print Name (First, Middle Initial, Last)	*Title*	*Signature*
( ) *Telephone Number*	*Extension*	*E-mail Address*

Individuals to be *REMOVED*

Print Name: _____

Print Name: _____

Person to receive Monthly Statements *Name*: _____

Person to receive Transaction Confirmations *Name*: _____

Main Person (Key Contact) to receive program correspondence and official notices *Name*: _____

Changes authorized by:

Signature	*Title*	*Date* / /

Note: All completed forms should be mailed to: MBIA Municipal Investors Service Corp., 113 King Street, Armonk, New York 10504, Attention: Client Services, or fax to (800) 604-6988.