



Instructions: Complete this form to add, update, remove, or retain a Contact(s) and/or their permissions. All Contacts must be previously established with the Program. To establish a new Contact, please complete the CAMP Contact Record form along with this document.

Investor/Participant Name: _____ TIN: _____

Please list the account number(s) or account title(s) to which this form applies:

- 1. _____ 4. _____ 7. _____ 10. _____
2. _____ 5. _____ 8. _____ 11. _____
3. _____ 6. _____ 9. _____ 12. _____

ADD/UPDATE: Please complete the information below to add or update each Contact's permissions for the accounts listed above.

1. CONTACT INFORMATION: (Contact must be previously established with the Program) CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____
Mailing Address: _____
City _____ State _____ Zip _____
For the new Program Account being established, this Contact may:
View Account information.
Initiate transactions.
Open and close Accounts.
Change banking instructions and Account information.
Assign permissions to and establish other Contacts.
Receive electronic statements.
Receive paper statements.
*Contact must be on record. All new Contacts must complete a Contact Record form.

2. CONTACT INFORMATION: (Contact must be previously established with the Program) CONTACT PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____
Mailing Address: _____
City _____ State _____ Zip _____
For the new Program Account being established, this Contact may:
View Account information.
Initiate transactions.
Open and close Accounts.
Change banking instructions and Account information.
Assign permissions to and establish other Contacts.
Receive electronic statements.
Receive paper statements.
*Contact must be on record. All new Contacts must complete a Contact Record form.

REMOVE: Contacts to be removed from the accounts listed above.

- 1. Contact Name: _____
First and Last Name (Print)
2. Contact Name: _____
First and Last Name (Print)
3. Contact Name: _____
First and Last Name (Print)
4. Contact Name: _____
First and Last Name (Print)
5. Contact Name: _____
First and Last Name (Print)

RETAIN: Contacts to remain on accounts listed above with no changes.

- 1. Contact Name: _____
First and Last Name (Print)
2. Contact Name: _____
First and Last Name (Print)
3. Contact Name: _____
First and Last Name (Print)
4. Contact Name: _____
First and Last Name (Print)
5. Contact Name: _____
First and Last Name (Print)

CERTIFICATION: The person who signs this section verifies the information listed above is correct.

The person signing below should be as follows:

- For existing accounts this section must be signed by an individual who is currently authorized to designate other authorized persons as per Program records.
If submitted with a New Investor Application, this section must be signed by the individual who signed the certification section of the New Investor Application.
If submitted with a Programeed Account Application, this section must be signed by the individual who signed the signature section of the Programeed Account Application.
The Program reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when updating permissions in Program records.

Authorized Signature _____

Date _____

Print Name of Authorized Signatory _____

Phone Number _____

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT: Log in to Account Access
Existing Connect Click [X] Secure Contact
Users Only Select file to upload - Send message

FAX TO: CAMP Client Services Group
1-888-535-0120

MAIL TO: CAMP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

PROGRAM USE ONLY

Table with 2 columns: V2022.03, INITIALS. Rows: Processed, Confirmed.



Addendum to Permissions

Questions? Call 1-800-729-7665

Add/Update -
Remove/Retain -

Instructions: Complete this form when you need to add, update, remove, or retain more Contacts and/or their permissions. If this addendum is needed, it must accompany the Permissions form.

ADD/UPDATE PERMISSIONS: Please complete the information below to add or update each Contact's permissions.

<p>3. CONTACT INFORMATION: (Contact must be previously established with the Program)</p> <p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address _____ _____ City _____ State _____ Zip</p>	<p>CONTACT PERMISSIONS: (Please select all permissions that apply)</p> <p>For the new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <p>*Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i></p>
<p>4. CONTACT INFORMATION: (Contact must be previously established with the Program)</p> <p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address _____ _____ City _____ State _____ Zip</p>	<p>CONTACT PERMISSIONS: (Please select all permissions that apply)</p> <p>For the new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <p>*Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i></p>
<p>5. CONTACT INFORMATION: (Contact must be previously established with the Program)</p> <p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address _____ _____ City _____ State _____ Zip</p>	<p>CONTACT PERMISSIONS: (Please select all permissions that apply)</p> <p>For the new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <p>*Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i></p>
<p>6. CONTACT INFORMATION: (Contact must be previously established with the Program)</p> <p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____ Address _____ _____ City _____ State _____ Zip</p>	<p>CONTACT PERMISSIONS: (Please select all permissions that apply)</p> <p>For the new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information. Assign permissions to and establish other Contacts. Receive electronic statements. Receive paper statements. <p>*Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i></p>

REMOVE: Contacts to be removed from the accounts listed above.

6. Contact Name: _____
First and Last Name (Print)

7. Contact Name: _____
First and Last Name (Print)

8. Contact Name: _____
First and Last Name (Print)

9. Contact Name: _____
First and Last Name (Print)

10. Contact Name: _____
First and Last Name (Print)

RETAIN: Contacts to remain on accounts listed above with no changes.

6. Contact Name: _____
First and Last Name (Print)

7. Contact Name: _____
First and Last Name (Print)

8. Contact Name: _____
First and Last Name (Print)

9. Contact Name: _____
First and Last Name (Print)

10. Contact Name: _____
First and Last Name (Print)

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.			PROGRAM USE ONLY	
SEND VIA CONNECT: Log in to Account Access	FAX TO: CAMP Client Services Group	MAIL TO: CAMP Client Services Group	V2022.03	INITIALS
Existing Connect Click <input checked="" type="checkbox"/> Secure Contact	1-888-535-0120	P.O. Box 11760	Processed	
Users Only Select file to upload - Send message		Harrisburg, PA 17108-1760	Confirmed	