



(New Account name to display on Program records)

(Taxpayer Identification Number)

3. CONTACT INFORMATION: (Contact must be previously established with the Program.) CONTACT PERMISSIONS: (Please select all permissions that apply.)

Contact Name: _____ Mailing Address: _____ Agency Name (If Applicable) _____ 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.

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Contact Name: _____ Mailing Address: _____ Agency Name (If Applicable) _____ 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.

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REQUIRED DOCUMENTATION: (In addition to this form, the following documents are required.)

- Trustee Verification (Schedule A) Program Document (a copy of the first page)

OPTIONAL DOCUMENTATION: (In addition to this form, the following documents are optional.)

- Contact Record (New Contacts Only) ACH Setup Instructions Wire Setup Instructions

CERTIFICATION & SIGNATURE: (Please have an authorized Contact from the Trustee sign below.)

The Contact signing below has full authorization to open this Account on behalf of the Investor/Participant listed above and is an authorized representative of the Trustee listed above. The Program reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when opening Accounts and assigning permissions with the Program.

Print or Type Name of Authorized Signatory

Title/Position

Authorized Signature

Date

PROGRAM USE ONLY: (Please fax or mail this document to the Client Services Group for their signature below.)

CAMP Representative Signature Date Principal Approval Signature Date

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

Table with 4 columns: SEND VIA CONNECT, FAX TO, MAIL TO, and instructions for each.

PROGRAM USE ONLY

Table with 2 columns: V2022.03, INITIALS and rows for Processed, Confirmed.



Addendum to Trusteed Account Application

Questions? Call 1-800-729-7665

(New Account name to display on Program records and Statements)

(Taxpayer Identification Number)

Instructions: Complete this form when you need to add additional Contacts to the new Account. If this addendum is needed, it must accompany the Trusteed Account Application.

6.	CONTACT INFORMATION: <i>(Contact must be previously established with the Program.)</i>	CONTACT PERMISSIONS: <i>(Please select all permissions that apply.)</i>
	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State Zip</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><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
7.	CONTACT INFORMATION: <i>(Contact must be previously established with the Program.)</i>	CONTACT PERMISSIONS: <i>(Please select all permissions that apply.)</i>
	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State Zip</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><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
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	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State Zip</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><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
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	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State Zip</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><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
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	<p>Contact Name: _____ First and Last Name (Print)</p> <p>Mailing Address: _____ Agency Name (If Applicable)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State Zip</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><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>

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 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	
V2022.03	INITIALS
Processed	
Confirmed	