



New Investor/Participant Application

Questions? Call 1-800-729-7665

Instructions: Complete this application to become a new Investor in CAMP. This application must be included with all other required documentation and certifications in order to be accepted and processed by CAMP. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

INVESTOR/PARTICIPANT INFORMATION: (All fields in this section must contain Investor/Participant information ONLY.)

Investor/Participant Name: _____
(Name to appear on Program records)

Legal Name: _____
(Name as filed with the IRS, if different from above)

Street Address: _____
Street Address (A P.O. Box is not acceptable)

City _____ **State** _____ **Zip** _____

Mailing Address: _____
Mailing Address (if different from Street Address)

City _____ **State** _____ **Zip** _____

Phone #: _____

Fax #: _____

Fiscal Year End: _____
(Month and Day)

Entity Type: _____
(Township, School District, etc.)

TAX IDENTIFICATION NUMBER (TIN)

Note: If the information required by this section is not provided, the current IRS Backup Withholding Rate of taxable dividends, capital gains and proceeds of redemptions and exchanges will be imposed under federal tax regulations.

TIN : _____ **Form of Organization:** _____
(Taxpayer Identification Number) (e.g., 501(c)(3) organization, C corporation, limited liability company, etc.)

Tax Status: I have not been notified by the IRS that I am currently subject to Backup Withholding.
I am an exempt recipient.
I am neither a citizen nor a resident of the United States.

CERTIFICATION: (A representative of the Investor should read, complete, sign and date this section.)

- I. **FOR PARTICIPANTS ONLY:**
- A.** The undersigned certifies that the Entity named on this application adopted or enacted the attached **Ordinance/Resolution** at a duly convened meeting of the governing body of the Entity held on the _____ day of _____, 20____, and that such Ordinance/Resolution is in full force and effect on the date of this application, and that such Ordinance/Resolution has not been modified, amended or rescinded since its adoption or enactment. (Please attach the Ordinance/Resolution to this document.)
- B.** The undersigned further certifies that the Entity has received a copy of the CAMP **Program Guide** and **Declaration of Trust**, and agrees that the Entity will be bound by the terms of such documents.
- II. **FOR INVESTORS ONLY:**
- A.** The **Investor Agreement** has been completed, duly executed and delivered and is a valid and binding obligation of the Investor. (Please attach the Investor Agreement to this document.)
- B.** The undersigned further certifies that the Entity has received a copy of the CAMP **Program Guide**, and agrees that the Entity will be bound by the terms of such document.
- III. The Program may treat the information, authorizations, ordinances, resolutions and certifications set forth in or attached to this New Investor/Participant Application as remaining in full force and effect until the Program receives written notification of change.

Authorized Signature as Designated in the Ordinance/Resolution/Investor Agreement

Date

Print or Type Name of Authorized Signatory

Title/Position

REQUIRED DOCUMENTATION: (Please include the following required documents with this application.)

- W-9 (Name on W-9 must match IRS records)
- Copy of Ordinance/Resolution or Investor Agreement

PROGRAM USE ONLY:

CAMP Representative Signature

Date

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

SEND VIA CONNECT: Existing Connect Users Only	Log in to Account Access Click <input checked="" type="checkbox"/> Secure Contact 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
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PROGRAM USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	