



ACCOUNT APPLICATION

Questions? Call 1-800-729-7665

Instructions: Use this application to open an account with CAMP. If this is your -ntity's first CAMP account, you must include a complete CAU P New Investor/Participant Application for this form to be processed. Please fax or mail this completed application to your CAMP representative at the fax number or address listed at the bottom of this application. The new account will be opened and available to receive deposits after all completed documentation and signatures have been received and accepted.

CAMP ACCOUNT #: _____
(Program Use Only)

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

Investor/Participant Name: _____ TIN #: _____
(Name that appears on Program records) (Taxpayer Identification Number)

Account Title: _____
(New account name to display on Program records)

Is this account being set up for bond proceeds? **No** **Yes** (If yes, please complete the CAMP Bond Issue Information Schedule A and send with this document.)

Pay dividends by reinvestment in: **This account** **Other CAMP account:** _____
(Account Number or Account Name)

INVESTMENT OPTIONS: (Please select the investment option(s) that your -ntity may participate or invest in.)

CAMP – Participant Shares Series

CAMP – Investor Shares Series

TRANSACTION OPTIONS: (Please select the option(s) that will apply to the new account. At least one redemption method must be selected.)

Wire Redemption: The Program is hereby authorized to honor requests by any authorized Contact(s) to wire transfer money from the Program to the following bank account:

Bank Name: _____ City/State: _____ / _____
Beneficiary Name: _____ Bank Account #: _____ ABA#: _____
Beneficiary Details: _____ Beneficiary Account #: _____
(If applicable) (If applicable)

ACH Redemption/Purchase: The Program is hereby authorized to honor requests by any authorized Contact(s) to initiate next-day ACH transactions from/to the bank account listed below. If available, please attach a voided check to this document for verification.

Bank Name: _____ City/State: _____ / _____
Account Name: _____ Bank Account #: _____ ABA#: _____

Redemption by Transfer: Shares will be redeemed by transferring money from this account to the existing Program account listed below:

CAMP Account Name: _____ CAMP Account #: _____

Check Redemption: A CAMP Client Services Group member will contact you to complete additional U.S. Bank N.A. documents.

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

- Permissions
- Contact Record (New Contacts Only)

SIGNATURE: (Please have a Contact per Program records who is authorized to open new accounts sign below.)

Print or Type Name of Authorized Signatory

Title/Position

Authorized Signature

Date

PROGRAM USE ONLY: (Please fax or mail this document to your CAMP representative for their signature below.)

CAMP Representative Signature

Date

Principal Approval Signature

Date

Any document received by email will not be accepted. Please send by fax or mail.

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		
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