PERMISSIONS

Questions? Call 1-800-729-7665

ADD/UPDATE –
REMOVE/RETAIN –

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: _____ Investor 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 Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name(If Applicable)

_____
Address

_____ _____ _____
City State Zip

PERMISSIONS: (Please select all permissions that apply)

For the following accounts listed above, this Contact may:

- ☐ View account(s) only.
- ☐ View and initiate transactions.
- ☐ Open and close accounts.
- ☐ Change banking instructions and account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive statements ☑ Electronic (EON) or ☐ Paper.

* Current EON User Name: _____

2.

CONTACT INFORMATION: (Contact must be previously established with the Program)

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name(If Applicable)

_____
Address

_____ _____ _____
City State Zip

PERMISSIONS: (Please select all permissions that apply)

For the following accounts listed above, this Contact may:

- ☐ View account(s) only.
- ☐ View and initiate transactions.
- ☐ Open and close accounts.
- ☐ Change banking instructions and account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive statements ☑ Electronic (EON) or ☐ Paper.

* Current EON User Name: _____

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 with no changes on 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))

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 Trusteed Account Application, this section must be signed by the individual who signed the signature section of the Trusteed 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.

X *Please print form and sign with blue or black ink.*

Authorized Signature _____ Date _____

Print Name of Authorized Signatory _____ Phone Number _____

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

Print Form

Clear Form

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.

3. **CONTACT INFORMATION: (Contact must be previously established with the Program)**

Contact Name: _____ (First and Last Name (Print))
Mailing Address: _____ (Agency Name(If Applicable))
_____ (Address)
_____ (City) _____ (State) _____ (Zip)

PERMISSIONS: (Please select all permissions that apply)

For the following accounts listed above, this Contact may:
- ☐ View account(s) only.
- ☐ View and initiate transactions.
- ☐ Open and close accounts.
- ☐ Change banking instructions and account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive statements ☑ Electronic (EON) or ☐ Paper.

* Current EON User Name: _____

4. **CONTACT INFORMATION: (Contact must be previously established with the Program)**

Contact Name: _____ (First and Last Name (Print))
Mailing Address: _____ (Agency Name(If Applicable))
_____ (Address)
_____ (City) _____ (State) _____ (Zip)

PERMISSIONS: (Please select all permissions that apply)

For the following accounts listed above, this Contact may:
- ☐ View account(s) only.
- ☐ View and initiate transactions.
- ☐ Open and close accounts.
- ☐ Change banking instructions and account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive statements ☑ Electronic (EON) or ☐ Paper.

* Current EON User Name: _____

5. **CONTACT INFORMATION: (Contact must be previously established with the Program)**

Contact Name: _____ (First and Last Name (Print))
Mailing Address: _____ (Agency Name(If Applicable))
_____ (Address)
_____ (City) _____ (State) _____ (Zip)

PERMISSIONS: (Please select all permissions that apply)

For the following accounts listed above, this Contact may:
- ☐ View account(s) only.
- ☐ View and initiate transactions.
- ☐ Open and close accounts.
- ☐ Change banking instructions and account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive statements ☑ Electronic (EON) or ☐ Paper.

* Current EON User Name: _____

6. **CONTACT INFORMATION: (Contact must be previously established with the Program)**

Contact Name: _____ (First and Last Name (Print))
Mailing Address: _____ (Agency Name(If Applicable))
_____ (Address)
_____ (City) _____ (State) _____ (Zip)

PERMISSIONS: (Please select all permissions that apply)

For the following accounts listed above, this Contact may:
- ☐ View account(s) only.
- ☐ View and initiate transactions.
- ☐ Open and close accounts.
- ☐ Change banking instructions and account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Receive statements ☑ Electronic (EON) or ☐ Paper.

* Current EON User Name: _____

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))

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