



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

(Taxpayer Identification Number)

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

4. CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
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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 and SIGNATURE: (Please have a Contact per Program records who is authorized to open new Accounts sign below.)

The Contact signing below has full authorization to open this Account on behalf of the Investor 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. It is the sole responsibility of the Investor to promptly notify CSIP of any changes to authorized Contacts.

 Print or Type Name of Authorized Signatory

 Authorized Signature

 Title/Position

 Date

PROGRAM USE ONLY:

 CSIP 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.

SEND VIA CONNECT: Log in to Account Access <i>Existing Connect Users Only</i> Click <input checked="" type="checkbox"/> Secure Contact Select file to upload - Send message	FAX TO: CSIP Client Services Group 1-888-535-0120	MAIL TO: CSIP Client Services Group P.O. Box 11813 Harrisburg, PA 17108
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PROGRAM USE ONLY	
V2022.04	INITIALS
Processed	
Confirmed	



Addendum to Trusteed Account Application

Questions? Call 1-855-274-7468

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

(Taxpayer Identification Number)

Instructions: Complete this form to add additional Contact's permissions for this Account. If this addendum is needed, it must accompany the Trusteed Account Application.

6.	CONTACT INFORMATION: (Contact must be previously established with the Program)	CONTACT PERMISSIONS: (Please select all permissions that apply)
	<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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SEND VIA CONNECT: Log in to Account Access
 Existing Connect Click Secure Contact
 Users Only Select file to upload - Send message

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