



Questions? Call 1-800-729-7665

Schedule A

<u>Instructions:</u> This document should be completed in addition to a **CAMP Trusteed Account Application** when a Trustee is opening a Trustee-held Account for the benefit of an Investor/Participant. Please have all three interested parties sign and date this document. Once completed, submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of this page

			CAMP ACCOUNT #:			
				(Program Use Only)		
SCH	IEDULE A DETAIL: (Please read, comple	te, sign and date this sect	tion.)			
A tru	usteed account should be opened in th	e California Asset Mana	ngement Program. The undersigned hereby acknowledge:			
1.	The account is for the benefit of the	The account is for the benefit of the following Investor/Participant:				
2.	The undersigned reviewed, and are f	(Enter the name of the CAMP Investor/Participant.) e undersigned reviewed, and are familiar with, the relevant trust document. A copy of the first page of the trust document is attached.				
3.	Based on our review of the trust doo	ument, we have detern	t, we have determined or confirmed that:			
	a. The Fiduciary, Trustee, or Fiscal	Agent which has been	appointed under the trust document is: (Fiduci	ary, Trustee or Fiscal Agent.)		
	 CAMP is an authorized investment in the Program. 	ent under the trust doc	cument, and the Trustee is authorized to open the accour			
4.	•	gram direction with resp	Trustee for the benefit of the Investor/Participant, and to bect to opening and closing the account, requesting chang			
Inv	estor/Participant Authorized Signatory	Title	Signature	Date		
Tru	stee, Fiduciary, or Fiscal Agent	Title	Signature	Date		
PRC	OGRAM USE ONLY: (Please fax or mail t	his document to your CAN	MP representative for their signature below.)			
CAI	MP Representative	Title	Signature	Date		
REQ	UIRED DOCUMENTATION: (Please in	nclude the following docun	ments with this Schedule A.)			
	New Investor/Participant Application only For New Investors/Participants)					
• (Contact Record (New Contacts Only)	•	Permissions			

Any document containing sensitive information received by e			email will not be accepted. Please send by uploading through Connect, fax, or mail.			
	SEND VIA CONNECT:	Log in to Account Access	FAX TO:	CAMP Client Services Group	MAIL TO:	CAMP Client Services Group
	Existing Connect	Click Secure Contact		1-888-535-0120		P.O. Box 11760
	Users Only	Select file to upload - Send message				Harrisburg, PA 17108-1760

POOL U	POOL USE ONLY				
V2022.03	INITIALS				
Processed					
Confirmed					