Trusteed Account Application

Questions? Call 1-800-729-7665

Instructions: Use this application to open a CAMP Account for funds controlled by a Trustee. If this the Entity's first Account in CAMP, you must include a completed **CAMP New Investor/Participant Application** for this form to be processed. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page 2. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

CAMP ACCOUNT #: _____
(Program Use Only)

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

CSGV2022.12

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

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

Is this account being set up for bond proceeds? ☐ Yes ☐ No

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

TRUSTEE INFORMATION: *(All fields in this section must contain Trustee information ONLY.)*

Trustee Name: _____

Trustee Contact: _____ **Contact Title:** _____

Email Address: _____ **Phone #:** _____ **Fax #:** _____

Note: *The Investor/Participant MUST receive a statement for this Account. Please add a Contact from the Investor/Participant as a statement recipient in the Contact Permissions section below.*

INVESTMENT OPTIONS: *(Please select the investment option(s) that your Entity may invest in.)*

As a Contact authorized to make investment decisions for the Entity listed above, I certify that the selected investments below are permitted investments for the moneys to be invested.

☐ **CAMP – Investor Shares Series** ☐ **CAMP – Participant Shares Series** ☐ **CAMP Term**

***Note:** I hereby acknowledge that the investment option(s) selected above should be added to the pre-established Account listed in the Investor/Participant Information section. Any Contact(s), their permission(s), and the banking instructions on record with this Account should not be altered in any way. _____ (Initial only if you are adding an investment option to a pre-established Account.)*

SERVICES: *(Please select the services that your Entity is interested in. A representative from the Client Services Group will contact you to discuss.)*

☐ **ACH Purchase/Redemption** ☐ **Wire Purchase/Redemption**

***Note:** If a wire/ACH banking instruction is not established for this Account and the monies invested must be distributed to the Entity listed above, the Program reserves the right to distribute this Account's balance and any accrued dividend via check. Should such an event occur, the check will be sent to the Investor/Participant's address on record.*

CONTACT PERMISSIONS: *(Please complete the information below to add or update each Contact's permissions for this Account.)*

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

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Program Account being established, this Contact may:

- ☑ 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.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

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

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Program Account being established, this Contact may:

- ☑ 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.

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(New Account name to display on Program records) (Taxpayer Identification Number)

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

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Program Account being established, this Contact may:
- ☑ 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.

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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

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Program Account being established, this Contact may:
- ☑ 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.

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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

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Program Account being established, this Contact may:
- ☐ 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.

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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 & SIGNATURE: *(Please have an authorized Contact from the Trustee sign below.)*

The Contact signing below has full authorization to open this Account on behalf of the Investor/Participant 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.

Print or Type Name of Authorized Signatory | Title/Position

✕ *Please print, sign and date this form with blue or black ink.*

Authorized Signature | Date

PROGRAM USE ONLY: *(Please fax or mail this document to the Client Services Group for their signature below.)*

✕ CAMP 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	**FAX TO:**	CAMP Client Services Group	**MAIL TO:**	CAMP Client Services Group
Existing Connect Users Only	Click ✉ Secure Contact		1-888-535-0120		P.O. Box 11760
	Select file to upload - Send message				Harrisburg, PA 17108-1760

Print Form

Clear Form

Addendum to Trusteed Account Application

Questions? Call 1-800-729-7665

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

\-

(Taxpayer Identification Number)

Instructions: Complete this form when you need to add additional Contacts to the new 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 Name: _____ (First and Last Name (Print))

Mailing Address: _____ (Agency Name (If Applicable))

_____ (Address)

_____ (City) _____ (State) _____ (Zip)

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Program Account being established, this Contact may:

- ☑ 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.

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7. **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)

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Program Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
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- ☐ Receive electronic statements.
- ☐ Receive paper statements.

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8. **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)

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Program Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
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- ☐ Receive electronic statements.
- ☐ Receive paper statements.

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9. **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)

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Program Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
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- ☐ Receive electronic statements.
- ☐ Receive paper statements.

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10. **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)

CONTACT PERMISSIONS: *(Please select all permissions that apply.)*

For the new Program Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
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