

Instructions: Complete this form to add, update, remove, or retain a Contact(s) and/or their permissions. All Contacts must be previously established with MOSIP. To establish a new Contact, please complete the **MOSIP Contact Record** form along with this document.

INVESTOR INFORMATION and ACCOUNTS:

Investor Name: _____ 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.)

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>_____ Address _____</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>

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>_____ Address _____</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>

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 on Accounts listed above with no changes.

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 Contacts 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 fund agreement, etc. when updating permissions in Program records. It is the sole responsibility of the Investor to promptly notify MOSIP of any changes to authorized Contacts.

Authorized Signature _____

Date _____

Print Name of Authorized Signatory _____

Phone Number _____

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
Existing Connect Click Secure Contact
Users Only Select file to upload - Send message

FAX TO: MOSIP Client Services Group
1-888-535-0120

MAIL TO: MOSIP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108

PROGRAM USE ONLY	
V2022.07	INITIALS
Processed	
Confirmed	

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 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>_____ Address _____</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>

4. 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>_____ Address _____</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>

5. 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>_____ Address _____</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>

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>_____ Address _____</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>

REMOVE: Contacts to be removed from the Accounts listed above.

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)

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)

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

<p>SEND VIA CONNECT: Log in to Account Access</p> <p><i>Existing Connect Users Only</i> Click <input type="checkbox"/> Secure Contact</p> <p>Select file to upload - Send message</p>	<p>FAX TO: MOSIP Client Services Group</p> <p>1-888-535-0120</p>	<p>MAIL TO: MOSIP Client Services Group</p> <p>P.O. Box 11760</p> <p>Harrisburg, PA 17108</p>
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