Questions? Call 1-833-736-6247

Add/Update -Remove/Retain -

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

PARTICIPANT INFORMATION and ACCOUNTS:	
Participant 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	
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 Pool) CONTACT PERMISSIONS: (Please select all permissions that	
Contact Name: First and Last Name (Print) For the new Pool Account being established, this Contact View Account information.	t may:
Mailing Address: Initiate transactions.	
Agency Name (If Applicable) Open and close Accounts.	
Change banking instructions and Account inforr Assign permissions to and establish other Conta	
Address Receive electronic statements.	
City State Zip *Contact to a second All and Contact to a s	Contract Record forms
*Contact must be on record. All new Contacts must complete of	_
2. CONTACT INFORMATION: (Contact must be previously established with the Pool) CONTACT PERMISSIONS: (Please select all permissions that	
Contact Name: For the new Pool Account being established, this Contact View Account information.	t may:
First and Last Name (Print) Mailing Address: Initiate transactions.	
Agency Name (If Applicable) Open and close Accounts.	
Change banking instructions and Account inforr Addison Addison Addison	
Address Receive electronic statements.	263.
City State Zip Receive paper statements.	6 1 10 16
*Contact must be on record. All new Contacts must complete of	•
REMOVE: Contacts to be removed from the Accounts listed above. RETAIN: Contacts to remain on Accounts listed above.	e with no changes.
1. Contact Name: 1. Contact Name:	
First and Last Name (Print) First and Last Na	me (Print)
2. Contact Name: First and Last Name (Print) Contact Name: First and Last Name (Print)	ma (Drint)
First and Last Name (Print) 3. Contact Name: 3. Contact Name:	ne (Finit)
First and Last Name (Print) First and Last Na	me (Print)
4. Contact Name: 4. Contact Name:	(5.1.1)
First and Last Name (Print) 5. Contact Name: 5. Contact Name:	ne (Print)
First and Last Name (Print) First and Last Na	me (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 Pool records. If submitted with a New Participant Application, this section must be signed by the individual who signed the certification section of the New Participant 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 Pool reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary Pool agreement, etc. when updating is the sole responsibility of the Participant to promptly notify NCIP of any changes to authorized Contacts. 	3 permissions in Pool records. It
is the second control of the second control	
Authorized Signature Date	

Any document contai	ning sensitive information received by	email will ı	not be accepted. Please send b	y uploading	through Connect, fax, or mai
SEND VIA CONNECT:	Log in to Account Access	FAX TO:	NCIP Client Services Group	MAIL TO:	NCIP Client Services Group
Existing Connect	Click ☑ Secure Contact		1-888-535-0120		P.O. Box 11813
Users Only	Select file to upload - Send message				Harrisburg, PA 17108

POOL USE ONLY					
V2021.04	INITIALS				
Processed					
Confirmed					

SEND VIA CONNECT:

Existing Connect

Users Only

Log in to Account Access

Click ☑ Secure Contact

Select file to upload - Send message

Questions? Call 1-833-736-6247

Add/Update -Remove/Retain -

<u>Instructions</u>: 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.

	• • •	MISSIONS: (Please comple	ete the information	on below to add or (update each Contact's permissions.)		
3.					CONTACT PERMISSIONS: (Please so	elect all permissions that apply)	
	Contact Name: Mailing Address:	First and Last Name (Print)			For the new Pool Account being extended from View Account information Initiate transactions. Open and close Accounts. Change banking instruction Assign permissions to and Receive electronic statem Receive paper statements	ons and Account information. establish other Contacts. ents.	
		City	State	Zip	• •	ontacts must complete a Contact Record form.	
4.	CONTACT INFO Contact Name:	RMATION: (Contact must be pr	reviously establishe	ed with the Pool)	CONTACT PERMISSIONS: (Please select all permissions that apply) For the new Pool Account being established, this Contact may: View Account information.		
	Mailing Address:	First and Last Name (Print) Agency Name (If Applicable)			Initiate transactions. Open and close Accounts.		
		Address			Change banking instruction Assign permissions to and Receive electronic statem Receive paper statements	ents.	
		City	State	Zip	• •	ontacts must complete a Contact Record form.	
5.	CONTACT INFO	RMATION: (Contact must be pr	reviously establishe	ed with the Pool)	CONTACT PERMISSIONS: (Please se	elect all permissions that apply)	
	Contact Name: Mailing Address:	First and Last Name (Print) Agency Name (If Applicable)			For the new Pool Account being established, this Contact may: View Account information. Initiate transactions. Open and close Accounts. Change banking instructions and Account information.		
		Address	State	Zip	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.		
5.	CONTACT INFO	RMATION: (Contact must be pr	reviously establishe	ed with the Pool)	CONTACT PERMISSIONS: (Please so		
	Contact Name: Mailing Address:	First and Last Name (Print) Agency Name (If Applicable) Address City	State	Zip	For the new Pool 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.		
RE	MOVE: Contacts	to be removed from the Acc	ounts listed abov	re.	RETAIN: Contacts to remain on	Accounts listed above with no changes.	
	6. Contact Name:		act Nama (Drint)		6. Contact Name:	First and Last Name (Print)	
	7. Contact Name:		st Name (Print)		7. Contact Name:	First and Last Name (Print)	
	8. Contact Name:	·	ast Name (Print) ast Name (Print)		8. Contact Name:	First and Last Name (Print) First and Last Name (Print)	
	9. Contact Name:		ast Name (Print)		9. Contact Name:	First and Last Name (Print)	
1	0. Contact Name:	:	est Name (Print)		10. Contact Name:	First and Last Name (Print)	
Anı	u document containi	ing consitive information rec	aired by amouil	:!!	Please send by uploading through Con	nect, fax, or mail. POOL USE ONLY	

MAIL TO:

NCIP Client Services Group

P.O. Box 11813

Harrisburg, PA 17108

V2021.04

Processed Confirmed INITIALS

FAX TO:

NCIP Client Services Group

1-888-535-0120