



# PERMISSIONS

Questions? Call 1-800-731-6870

**ADD/UPDATE –  
REMOVE/RETAIN –**

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

Investor Name: \_\_\_\_\_ Investor 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 Trust)	PERMISSIONS: (Please select all permissions that apply)
<p><b>1.</b> 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 following accounts listed above, this contact may:</p> <p>View account(s) only.</p> <p>View and initiate transactions.</p> <p>Open and close accounts.</p> <p>Change banking instructions and account information.</p> <p>Assign permissions to and establish other contacts.</p> <p>Receive statements Electronic (EON) or Paper.</p> <p>* Current EON User Name: _____</p>
CONTACT INFORMATION: (Contact must be previously established with the Trust)	PERMISSIONS: (Please select all permissions that apply)
<p><b>2.</b> 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 following accounts listed above, this contact may:</p> <p>View account(s) only.</p> <p>View and initiate transactions.</p> <p>Open and close accounts.</p> <p>Change banking instructions and account information.</p> <p>Assign permissions to other contacts.</p> <p>Receive statements Electronic (EON) or Paper.</p> <p>* Current EON User Name: _____</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 with no changes on 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)

**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 Trust 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 Trust reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when updating permissions in Trust records.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Signatory

\_\_\_\_\_  
Phone Number

**Any document received by email will not be accepted. Please send by fax or mail.**

**FAX TO:** IIIT Class Client Services Group  
1-888-535-0120

**MAIL TO:** IIIT Class Client Services Group  
P.O. Box 11760  
Harrisburg, PA 17108-1760

**TRUST USE ONLY**

V2015.04	DATE	INITIALS
Processed		
Confirmed		



# ADDENDUM TO PERMISSIONS

Questions? Call 1-800-731-6870

ADD/UPDATE –  
REMOVE/RETAIN –

**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 Trust)	PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ <small>First and Last Name (Print)</small> Mailing Address: _____ <small>Agency Name (If Applicable)</small> _____ <small>Address</small> _____ <small>City State Zip</small>	For the following accounts listed above, this contact may: View account(s) only. View and initiate transactions. Open and close accounts. Change banking instructions and account information. Assign permissions to and establish other contacts. Receive statements Electronic (EON) or Paper. * Current EON User Name: _____

4. CONTACT INFORMATION: (Contact must be previously established with the Trust)	PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ <small>First and Last Name (Print)</small> Mailing Address: _____ <small>Agency Name (If Applicable)</small> _____ <small>Address</small> _____ <small>City State Zip</small>	For the following accounts listed above, this contact may: View account(s) only. View and initiate transactions. Open and close accounts. Change banking instructions and account information. Assign permissions to other contacts. Receive statements Electronic (EON) or Paper. * Current EON User Name: _____

5. CONTACT INFORMATION: (Contact must be previously established with the Trust)	PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ <small>First and Last Name (Print)</small> Mailing Address: _____ <small>Agency Name (If Applicable)</small> _____ <small>Address</small> _____ <small>City State Zip</small>	For the following accounts listed above, this contact may: View account(s) only. View and initiate transactions. Open and close accounts. Change banking instructions and account information. Assign permissions to other contacts. Receive statements Electronic (EON) or Paper. * Current EON User Name: _____

6. CONTACT INFORMATION: (Contact must be previously established with the Trust)	PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ <small>First and Last Name (Print)</small> Mailing Address: _____ <small>Agency Name (If Applicable)</small> _____ <small>Address</small> _____ <small>City State Zip</small>	For the following accounts listed above, this contact may: View account(s) only. View and initiate transactions. Open and close accounts. Change banking instructions and account information. Assign permissions to other contacts. Receive statements Electronic (EON) or Paper. * Current EON User Name: _____

**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)

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