



Questions? Call 1-800-731-7150

# PERMISSIONS

**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 Fund. To establish a new contact, please complete the *MAGIC 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.

- |   |  |
|---|--|
| <b>1. CONTACT INFORMATION: (Contact must be previously established with the Fund)</b> | <b>PERMISSIONS: (Please select all permissions that apply)</b> |
|---|--|

<p>Contact Name: _____  <small>First and Last Name (Print)</small></p> <p>Mailing Address: _____  <small>Agency Name(If Applicable)</small></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>
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- |   |  |
|---|--|
| <b>2. CONTACT INFORMATION: (Contact must be previously established with the Fund)</b> | <b>PERMISSIONS: (Please select all permissions that apply)</b> |
|---|--|

<p>Contact Name: _____  <small>First and Last Name (Print)</small></p> <p>Mailing Address: _____  <small>Agency Name(If Applicable)</small></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>
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**REMOVE:** Contacts to be removed from the accounts listed above.

**RETAIN:** Contacts to remain with no changes on accounts listed above.

- |   |   |
|---|---|
| <p>1. Contact Name: _____<br/> <small>First and Last Name (Print)</small></p> <p>2. Contact Name: _____<br/> <small>First and Last Name (Print)</small></p> <p>3. Contact Name: _____<br/> <small>First and Last Name (Print)</small></p> <p>4. Contact Name: _____<br/> <small>First and Last Name (Print)</small></p> <p>5. Contact Name: _____<br/> <small>First and Last Name (Print)</small></p> | <p>1. Contact Name: _____<br/> <small>First and Last Name (Print)</small></p> <p>2. Contact Name: _____<br/> <small>First and Last Name (Print)</small></p> <p>3. Contact Name: _____<br/> <small>First and Last Name (Print)</small></p> <p>4. Contact Name: _____<br/> <small>First and Last Name (Print)</small></p> <p>5. Contact Name: _____<br/> <small>First and Last Name (Print)</small></p> |
|---|---|

**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 authorized persons as per Fund 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 Fund 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 Fund 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.*

**FUND USE ONLY**

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

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

V2015.02	DATE	INITIALS
Processed		
Confirmed		



# ADDENDUM TO PERMISSIONS

Questions? Call 1-800-731-7150

**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 Fund)	PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ First and Last Name (Print)	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: _____
Mailing Address: _____ Agency Name(If Applicable)	
_____ Address	
_____                  _____                  _____ City                                  State                                  Zip	
_____ City                                  State                                  Zip	

4. CONTACT INFORMATION: (Contact must be previously established with the Fund)	PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ First and Last Name (Print)	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: _____
Mailing Address: _____ Agency Name(If Applicable)	
_____ Address	
_____                  _____                  _____ City                                  State                                  Zip	
_____ City                                  State                                  Zip	

5. CONTACT INFORMATION: (Contact must be previously established with the Fund)	PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ First and Last Name (Print)	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: _____
Mailing Address: _____ Agency Name(If Applicable)	
_____ Address	
_____                  _____                  _____ City                                  State                                  Zip	
_____ City                                  State                                  Zip	

6. CONTACT INFORMATION: (Contact must be previously established with the Fund)	PERMISSIONS: (Please select all permissions that apply)
Contact Name: _____ First and Last Name (Print)	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: _____
Mailing Address: _____ Agency Name(If Applicable)	
_____ Address	
_____                  _____                  _____ City                                  State                                  Zip	
_____ City                                  State                                  Zip	

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

<b>FAX TO:</b> MAGIC Client Services Group 1-888-535-0120	<b>MAIL TO:</b> MAGIC Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760
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