Permissions

Questions? Call 1-800-731-7150

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 MAGIC. To establish a new Contact, please complete the **MAGIC Contact Record** form along with this document.

INVESTOR INFORMATION and ACCOUNTS:

CSGV2022.04

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.)*

1.

CONTACT INFORMATION: (Contact must be previously established with the Fund)

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 Fund 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 Fund)

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 Fund 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.*

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

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

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

Print Form

Clear Form

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)

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 Fund 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.*

4.

CONTACT INFORMATION: (Contact must be previously established with the Fund)

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 Fund 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.*

5.

CONTACT INFORMATION: (Contact must be previously established with the Fund)

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 Fund 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.*

6.

CONTACT INFORMATION: (Contact must be previously established with the Fund)

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 Fund 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.*

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

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)

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)

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:**	MAGIC Client Services Group	**MAIL TO:**	MAGIC 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

Print Form

Clear Form