





# Trusteed Account Application – Page 2

Questions? Call 1-800-731-7150

(New Account name to display on Fund records and Statements)

(Taxpayer Identification Number)

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

**CONTACT PERMISSIONS: (Please select all permissions that apply)**

Contact Name: \_\_\_\_\_  
 First and Last Name (Print)

Mailing Address: \_\_\_\_\_  
 Agency Name (If Applicable)

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

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 PERMISSIONS: (Please select all permissions that apply)**

Contact Name: \_\_\_\_\_  
 First and Last Name (Print)

Mailing Address: \_\_\_\_\_  
 Agency Name (If Applicable)

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

For the new Fund Account being established, this Contact may:

- View Account information.
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- Receive paper statements.

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

**CONTACT PERMISSIONS: (Please select all permissions that apply)**

Contact Name: \_\_\_\_\_  
 First and Last Name (Print)

Mailing Address: \_\_\_\_\_  
 Agency Name (If Applicable)

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

For the new Fund Account being established, this Contact may:

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- Initiate transactions.
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**REQUIRED DOCUMENTATION: (In addition to this form, the following documents are required.)**

- **Trustee Verification** (Schedule A)
- **Trust Document** (a copy of the first page)

**OPTIONAL DOCUMENTATION: (In addition to this form, the following documents are optional.)**

- **Contact Record** (New Contacts Only)
- **ACH Setup Instructions**
- **Wire Setup Instructions**

**CERTIFICATION and SIGNATURE: (Please have a Contact per Fund records who is authorized to open new Accounts sign below.)**

The Contact signing below has full authorization to open this Account on behalf of the Investor listed above and is an authorized representative of the Trustee listed above. The Fund reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when opening Accounts and assigning permissions with the Fund. It is the sole responsibility of the Investor to promptly notify MAGIC of any changes to authorized Contacts.

\_\_\_\_\_  
Print or Type Name of Authorized Signatory

\_\_\_\_\_  
Title/Position

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

\_\_\_\_\_  
Date

**FUND USE ONLY:**

\_\_\_\_\_  
MAGIC Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Approval Signature

\_\_\_\_\_  
Date

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

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

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Confirmed	



# Addendum to Trusteed Account Application

Questions? Call 1-800-731-7150

(New Account name to display on Fund records and Statements)

(Taxpayer Identification Number)

**Instructions:** Complete this form to add additional Contact's permissions for this Account. If this addendum is needed, it must accompany the Trusteed Account Application.

<b>6.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Fund)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	<p>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 new Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
<b>7.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Fund)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	<p>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 new Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
<b>8.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Fund)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	<p>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 new Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
<b>9.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Fund)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	<p>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 new Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>
<b>10.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Fund)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	<p>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 new Fund Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>

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