

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 Pool. To establish a new contact, please complete the TexasTERM *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.

1.	CONTACT INFORMATION: (Contact must be previously established with the Pool)	PERMISSIONS: (Please select all permissions that apply)
	<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 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>
2.	CONTACT INFORMATION: (Contact must be previously established with the Pool)	PERMISSIONS: (Please select all permissions that apply)
	<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 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 authorized persons as per Pool 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 Pool reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when updating authorized persons in Pool 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: TexasTERM Client Services Group
1-800-252-9551

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

POOL USE ONLY

V2014.12	DATE	INITIALS
Processed		
Confirmed		



ADDENDUM TO PERMISSIONS

Questions? Call 1-866-839-8376

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 Pool)	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 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 Pool)	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 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 Pool)	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 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 Pool)	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 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.

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)

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