

**Instructions:** Use this application to open an Account with the Empire Public Investment Cooperative Fund (EPIC). If this is your Entity's first Account in EPIC, you must include a completed **EPIC New Participant Application** for this form to be processed. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

EPIC Account #: \_\_\_\_\_

(Pool Use Only)

**PARTICIPANT INFORMATION:** (Please complete all fields in this section.)

**Participant Name:** \_\_\_\_\_ **TIN:** \_\_\_\_\_  
 (Name that appears on Pool records) (Taxpayer Identification Number)

**Account Title:** \_\_\_\_\_  
 (New Account name to display on Pool records and statements)

Is this Account being set up for bond proceeds? Yes No

Pay dividends by reinvestment in: This Account Other EPIC Account: \_\_\_\_\_  
 (Account Number or Account Name)

**INVESTMENT OPTION:** (Please select the investment option that your Entity may invest in.)

As a Contact authorized to make investment decisions for the Entity listed above, I certify that the selected investments below are permitted investments for the funds to be invested.

EPIC Liquid Portfolio

**SERVICES:** (Please select the services that your Entity is interested in. A representative from the Client Services Group will contact you to discuss.)

ACH Purchase/Redemption Wire Purchase/Redemption

**Note:** If a wire/ACH banking instruction is not established for this Account and the monies invested must be distributed to the Entity listed above, the Pool reserves the right to distribute this Account's balance and any accrued dividend via check. Should such an event occur, the check will be sent to the Participant's address on record.

**CONTACT PERMISSIONS:** (Please complete the information below to add each Contact's permissions for this Account.)

1.	CONTACT INFORMATION: (Contact must be previously established with the Pool)	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 Pool 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.
	Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Pool 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.
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(New Account name to display on Pool records and Statements)

(Taxpayer Identification Number)

4. CONTACT INFORMATION: (Contact must be previously established with the Pool)	CONTACT 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</small> _____ <small>State</small> _____ <small>Zip</small> _____	For the new Pool 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.  <i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i>

5. CONTACT INFORMATION: (Contact must be previously established with the Pool)	CONTACT 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</small> _____ <small>State</small> _____ <small>Zip</small> _____	For the new Pool 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.  <i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i>

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

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

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

The Contact signing below has full authorization to open Accounts on behalf of the Participant listed above and should meet one the following criteria:

- For a current Participant, this section must be signed by a Contact who is currently authorized to open Accounts per Pool records; or
- For a new Participant, this section must be signed by the Contact who signed the certification section of the New Participant Application.

The Pool reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary Pools agreement, etc. when opening Accounts and assigning permissions with the Pool. It is the sole responsibility of the Participant to promptly notify EPIC of any changes to authorized Contacts.

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

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

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

\_\_\_\_\_  
Date

**POOL USE ONLY:**

\_\_\_\_\_  
EPIC 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.**

<b>SEND VIA CONNECT:</b> Log in to Account Access <i>Existing Connect</i> Click <input checked="" type="checkbox"/> Secure Contact <i>Users Only</i> Select file to upload - Send message	<b>FAX TO:</b> EPIC Client Services Group 1-888-535-0120	<b>MAIL TO:</b> EPIC Client Services Group P.O. Box 11813 Harrisburg, PA 17108
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POOL USE ONLY	
V2026.01	INITIALS
Processed	
Confirmed	

(New Account name to display on Pool 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 Account Application.

<b>6.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Pool)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Pool 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. <i>All new Contacts must complete a Contact Record form.</i>
<b>7.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Pool)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Pool 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. <i>All new Contacts must complete a Contact Record form.</i>
<b>8.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Pool)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Pool 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. <i>All new Contacts must complete a Contact Record form.</i>
<b>9.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Pool)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Pool 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. <i>All new Contacts must complete a Contact Record form.</i>
<b>10.</b>	<b>CONTACT INFORMATION: (Contact must be previously established with the Pool)</b>	<b>CONTACT PERMISSIONS: (Please select all permissions that apply)</b>
	Contact Name: _____ First and Last Name (Print) Mailing Address: _____ Agency Name (If Applicable) _____ Address _____ City _____ State _____ Zip _____	For the new Pool 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. <i>All new Contacts must complete a Contact Record form.</i>

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

**MAIL TO:** EPIC Client Services Group  
 P.O. Box 11813  
 Harrisburg, PA 17108

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