

**Instructions:** Complete this form to add, update, remove, or retain a Contact(s) and/or their permissions. All Contacts must be previously established with EPIC. To establish a new Contact, please complete the **EPIC Contact Record** form along with this document.

### PARTICIPANT INFORMATION and ACCOUNTS:

Participant 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 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 State 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. *Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i>
2. 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 State 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. *Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i>

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

### 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)

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 Pool records.
- If submitted with a New Participant Application, this section must be signed by the individual 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 Pool agreement, etc. when updating permissions in Pool records. It is the sole responsibility of the Participant to promptly notify EPIC of any changes to authorized Contacts.

\_\_\_\_\_  
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  
 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

POOL USE ONLY	
V2021.04	INITIALS
Processed	
Confirmed	

**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)	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. *Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i>

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. *Contact must be on record. <i>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. *Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i>

6. 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. *Contact must be on record. <i>All new Contacts must complete a Contact Record form.</i>

**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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