



ADDENDUM TO PERMISSIONS

Questions? Call 1-877-466-4523

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)	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 following accounts listed above, this #ont ct' ay: View account(s) only. View and initiate transactions. Open and close accounts. Change banking instructions and account information. Assign permissions to and establish other # Receive statements Electronic (EON) or Paper. * Current EON User Name: _____

4. CONTACT INFORMATION: (Contact must be previously established with the Fund)	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 following accounts listed above, this #ont ct' may: View account(s) only. View and initiate transactions. Open and close accounts. Change banking instructions and account information. Assign permissions to # Receive statements Electronic (EON) or Paper. * Current EON User Name: _____

5. CONTACT INFORMATION: (Contact must be previously established with the Fund)	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 following accounts listed above, this #ont ct' may: View account(s) only. View and initiate transactions. Open and close accounts. Change banking instructions and account information. Assign permissions to # Receive statements Electronic (EON) or Paper. * Current EON User Name: _____

6. CONTACT INFORMATION: (Contact must be previously established with the Fund)	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 following accounts listed above, this #ont ct' may: View account(s) only. View and initiate transactions. Open and close accounts. Change banking instructions and account information. Assign permissions to # Receive statements Electronic (EON) or Paper. * Current EON User Name: _____

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

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)

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 received by email will not be accepted. Please send by fax or mail.

FAX TO: MILAF+ Client Services Group
1-888-535-0120

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

FUND USE ONLY		
V2015.	DATE	INITIALS
Processed		
Confirmed		