



Contact Record

Questions? Call 1-800-570-7627

Instructions: Complete this form to establish a new Contact and EON User with the Program. Submit this form through EON, or fax or mail this form to the fax number or address at the bottom of the page.

This form only establishes the individual below as a Contact in the records of the Program. It does not give access to Investor Accounts or establish a statement recipient. Please submit the SNAP Permissions Form to associate the Contact below to an Investor, assign permissions, and establish the individual as a statement recipient.

CONTACT INFORMATION: (Please fill this section out completely.)

First Name: _____ Last Name: _____ Title: _____

Email: _____ Phone: _____ Ext. _____ Mobile: _____ Fax: _____

EON Username: _____ (SNAP Client Services Group will contact you if your Username is unavailable.)

Please select and answer one of the security questions below. You will have the ability to change the security question and answer online once your Username is established. Your answer could be used for authentication when you contact the SNAP Client Services Group.

- What is the name of your first pet?
- What was the color of your first car?
- In what city was your Mother born?
- What is the middle name of your oldest child?
- What is your Mother's maiden name?
- What is the name of the street you grew up on?
- What was your childhood nickname?

Note: Enrollment in the Easy Online Network is established for all new Contacts. Your access to the Easy Online Network (EON) will be completed by the SNAP Client Services Group. You will receive an email from EONAdmin (eonadmin@pfmam.com) confirming when your access is setup. The email will contain a temporary password for your initial login. You can login by visiting the SNAP website at www.vasnap.com. After you login, you will be prompted to change this password and will have the ability to update your contact information at your convenience. If you have any questions, please contact the SNAP Client Services Group at 1-800-570-7627.

Your answer: _____

TRUSTEE INFORMATION: (If applicable, please enter the name of the Trustee Bank you are employed by.)

Trustee Bank Name: _____

GROUP CONTACT INFORMATION: (This section of the form is only to establish a group/department/central office to which paper statements will be mailed.)

Group Contact Name: _____

SIGNATURE:

Contact Signature

Print or Type Name of Contact

Date

Any document containing sensitive information received by email will not be accepted. Please send by uploading through EON, fax, or mail.		
SEND VIA EON: (For Existing EON Users only)	Log into Account Access Click 'Contact' link Select file to upload - Send message	FAX TO: SNAP Client Services Group 1-888-535-0120
		MAIL TO: SNAP Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760

PROGRAM USE ONLY	
V2021.11	INITIALS
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