



# Trusted Account Application

Questions? Call 1-800-570-7627

**Instructions:** Use this application to open an Account with SNAP. If this is your Entity's first Account in SNAP, you must include a completed **SNAP New Investor 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 2. The new Account will be opened and available to receive deposits after all completed documentation and signatures have been reviewed and accepted.

**SNAP ACCOUNT #:** \_\_\_\_\_  
(Program Use Only)

**INVESTOR INFORMATION:** (All fields in this section must contain Investor information ONLY.)

**Investor Name:** \_\_\_\_\_ **TIN:** \_\_\_\_\_  
(Name that appears on Program records) (Taxpayer Identification Number)

**Account Title:** \_\_\_\_\_  
(New Account name to display on Program records and Statements)

Should SNAP establish a corresponding interest Account? Yes No

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

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

**TRUSTEE INFORMATION:** (All fields in this section must contain Trustee information ONLY.)

**Trustee Name:** \_\_\_\_\_

**Trustee Contact:** \_\_\_\_\_ **Contact Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Note:** The Investor MUST receive a statement for this Account. Please add a Contact from the Investor as a statement recipient in the Contact Permissions section below.

**INVESTMENT OPTIONS:** (Please select the investment option(s) 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 moneys to be invested.

SNAP Fund

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

ACH 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 Program 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 Investor's address on record.

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

1. CONTACT INFORMATION: (Contact must be previously established with the Program.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
Contact Name: _____ First and Last Name (Print)	For the new Program Account being established, this Contact may: <input type="checkbox"/> View Account information. <input type="checkbox"/> Initiate transactions. <input type="checkbox"/> Open and close Accounts. <input type="checkbox"/> Change banking instructions and Account information. <input type="checkbox"/> Assign permissions to and establish other Contacts. <input type="checkbox"/> Receive electronic statements. <input type="checkbox"/> Receive paper statements. *Contact must be on record. All new Contacts must complete a Contact Record form.
Mailing Address: _____ Agency Name (If Applicable)	
_____ Address	
_____ City State Zip	
_____ City State Zip	

2. CONTACT INFORMATION: (Contact must be previously established with the Program.)	CONTACT PERMISSIONS: (Please select all permissions that apply.)
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Mailing Address: _____ Agency Name (If Applicable)	
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# Trusteed Account Application – Page 2

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(New Account name to display on Program records and Statements)

(Taxpayer Identification Number)

3. CONTACT INFORMATION: <i>(Contact must be previously established with the Program.)</i>	CONTACT PERMISSIONS: <i>(Please select all permissions that apply.)</i>
<p>Contact Name: _____  <small>First and Last Name (Print)</small></p> <p>Mailing Address: _____  <small>Agency Name (If Applicable)</small></p> <p>_____</p> <p><small>Address</small></p> <p>_____</p> <p><small>City State Zip</small></p>	<p>For the new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>

4. CONTACT INFORMATION: <i>(Contact must be previously established with the Program.)</i>	CONTACT PERMISSIONS: <i>(Please select all permissions that apply.)</i>
<p>Contact Name: _____  <small>First and Last Name (Print)</small></p> <p>Mailing Address: _____  <small>Agency Name (If Applicable)</small></p> <p>_____</p> <p><small>Address</small></p> <p>_____</p> <p><small>City State Zip</small></p>	<p>For the new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>

5. CONTACT INFORMATION: <i>(Contact must be previously established with the Program.)</i>	CONTACT PERMISSIONS: <i>(Please select all permissions that apply.)</i>
<p>Contact Name: _____  <small>First and Last Name (Print)</small></p> <p>Mailing Address: _____  <small>Agency Name (If Applicable)</small></p> <p>_____</p> <p><small>Address</small></p> <p>_____</p> <p><small>City State Zip</small></p>	<p>For the new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>

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

- **Trustee Verification** (Schedule A)
- **Program Document** (a copy of the first page)

**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 an authorized Contact from the Trustee sign below.)*

The Contact signing below has full authorization to open this Account on behalf of the Investor listed above and is an authorized representative of the Trustee listed above. The Program reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when opening Accounts and assigning permissions with the Program. It is the sole responsibility of the Investor to promptly notify SNAP of any changes to authorized Contacts.

Print or Type Name of Authorized Signatory	Title/Position
Authorized Signature	Date

**PROGRAM USE ONLY:** *(Please fax or mail this document to the Client Services Group for their signature below.)*

SNAP Representative Signature	Date	Principal Approval Signature	Date
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<b>Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.</b>			<b>PROGRAM USE ONLY</b>	
<b>SEND VIA CONNECT:</b> Log in to Account Access	<b>FAX TO:</b> SNAP Client Services Group	<b>MAIL TO:</b> SNAP Client Services Group	V2022.03	INITIALS
<i>Existing Connect Users Only</i> Click <input checked="" type="checkbox"/> Secure Contact	1-888-535-0120	P.O. Box 11760	Processed	
Select file to upload - Send message		Harrisburg, PA 17108-1760	Confirmed	



# Addendum to Trusteed Account Application

Questions? Call 1-800-570-7627

(New Account name to display on Program 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 Trusteed Account Application.

6. CONTACT INFORMATION: <i>(Contact must be previously established with the Program.)</i>	CONTACT PERMISSIONS: <i>(Please select all permissions that apply.)</i>
<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 new Program Account being established, this Contact may:</p> <ul style="list-style-type: none"> <li>View Account information.</li> <li>Initiate transactions.</li> <li>Open and close Accounts.</li> <li>Change banking instructions and Account information.</li> <li>Assign permissions to and establish other Contacts.</li> <li>Receive electronic statements.</li> <li>Receive paper statements.</li> </ul> <p><i>*Contact must be on record. All new Contacts must complete a Contact Record form.</i></p>

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**SEND VIA CONNECT:** Log in to Account Access  
*Existing Connect* Click  Secure Contact  
*Users Only* 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**

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Processed	
Confirmed	