

AUTHORIZED PERSONNEL INFORMATION

Participant/Entity Name: _____

Select one of the following:

- Activate New Authorized Individual for **Full** Rights (Complete Sections A, B, and D)
- Activate New Authorized Individual for **Limited** Rights (Complete Sections A, C, and D)
- De-Activate Existing Authorized Individual _____ (Insert Name and Complete Section D below.)

SECTION A: AUTHORIZED PERSONNEL INFORMATION

2. Please designate the WISC Authorized Individual for your Entity:

Name: _____ Phone: _____
Fax: _____ Email: _____
Title: _____ Address: _____

SECTION B: ACCOUNT SECURITY/AUTHORITY - FULL RIGHTS

3. The above-named authorized person will have the authority to:

- Certify the Authorized Personnel at the Entity, and Specify the PMA GPS® Access Capabilities;
- Add, Change, Delete the Bank Information (ACH/Wire) WISC has on File for the Entity;
- Open, Close, Change and Reactivate WISC Account Information; and
- Move money (make purchases, redemptions, transfers and fixed rate investments.)

4. Account Authority:

- This authorization applies to all WISC sub-accounts for my entity.
- This authorization only applies to the following accounts:

5. System Access:

- Yes, access to PMA GPS® is necessary; a username and password will be sent via email.
- No, access to PMA GPS® is not necessary at this time.

6. Email Notification:

- Yes, send an email when online statements and confirmations are available. To receive these emails, access to PMA GPS® must have been selected in the section above.
- No, do not send an email when online statements and confirmations are available.

SECTION C: ACCOUNT SECURITY / AUTHORITY - LIMITED RIGHTS (TRANSACTION OR VIEW ONLY)

- 7. Security:
 - Yes, the authorized person is authorized to move money (SELECT ALL THAT APPLY)
 - Purchases Redemptions Transfers
 - No, the authorized person is not authorized to move money; VIEW ONLY access is requested.

- 8. Account Authority:
 - This authorization applies to all WISC sub-accounts for my entity.
 - This authorization only applies to the following accounts:

- 9. System Access:
 - Yes, access to PMA GPS® is necessary; a username and password will be sent via email and U.S. mail, respectively.
 - No, access to PMA GPS® is not necessary at this time.

- 10. Email notification:
 - Yes, send an email when online statements and confirmations are available. To receive these emails, access to PMA GPS® must have been selected in the section above.
 - No, do not send an email when online statements and confirmations are available.

SECTION D: AUTHORIZATION

This section must be signed by either an authorized person as designated in the New Account Application, a Primary Contact or Authorized Personnel Information form, OR the new incumbent in an authorized position, accompanied by a copy of the board minutes covering the appointment/election of a new incumbent. (Please mark the appropriate section and black out salary and other confidential information.) The authorizations set forth on this form shall remain in full force and effect until the Fund receives written notification of a change.

Signature:	_____	Date:	_____
Printed Name:	_____	Phone:	_____
Title:	_____	Email:	_____