

CHANGE IN PRIMARY CONTACT INFORMATION

Participant Name: _____

SECTION A: EXISTING ISJIT PARTICIPANT

1. I am an existing ISJIT Participant. Please De-Activate _____ (name of person):
 - As Primary Contact
 - or
 - From account entirely
2. To verify account ownership, one of my existing ISJIT account numbers is: _____
(I have attached SUPPORTING DOCUMENTATION, such as Board Resolution Appointing New Contact)

SECTION B: NEW PRIMARY CONTACT INFORMATION

3. Please designate the ISJIT Primary Contact person for your Entity:

Name: _____

Phone: _____

Fax: _____

Email: _____

Title: _____

Address: _____

SECTION C: ACCOUNT SECURITY / AUTHORITY

4. The above-named primary contact 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) ISJIT has on file for the Entity;
 - Place order for checks, deposit tickets and endorsement stamps;
 - Certify the Master Signature Cards;
 - Sign up for State Aid Deposits, and other programs of the ISJIT Fund; and
 - Open, close, change and reactivate ISJIT account information.
5. Security:
 - Yes, the primary contact is authorized to move money (make purchases, redemptions, transfers and fixed rate investments).
6. Account Authority:
 - Yes, the primary contact is authorized to ALL ISJIT sub-accounts for my entity.

7. ISJIT Statements and Confirmations:

- The primary contact elects to retrieve electronic statements, confirmations and other communications via PMA GPS®, or
- ISJIT will mail monthly statements and confirmations to the primary contact at the above address.

8. System Access: Access to PMA GPS® will automatically be granted if the primary contact elects to receive electronic statements; a username and password will be sent via email.

- Request access to PMA GPS® if electronic statements are not elected.

9. Email notification:

- Yes, send an email when online statements and confirmations are available.
- No, do not send an email when online statements and confirmations are available.

10. Daily Activity:

- Yes, the above-named person will be the primary contact person for all ISJIT daily activity.

11. Proxy Activity:

- Yes, the primary contact will be the recipient of proxy related materials from ISJIT.
- No, the primary contact will NOT be the recipient of proxy related materials. Proxy materials should be mailed to _____ (insert name), and I have completed the form titled *Authorized Personnel Information* form.

NOTE: To designate additional authorized personnel, please complete the *Authorized Personnel Information* form for each such authorized person.

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: _____

Send completed forms to your PMA representative or to gps@pmanetwork.com