



Northern Trust GCM/Passport Maintenance Form

Participating Pension Fund (PPF) Name: _____

Date Submitted to FPIF: _____

Account Representative Maintenance: ADD DELETE

Name: _____ Email Address: _____

Cell Number: _____

Input Access Authority? Yes No Senior Approval Access Authority? Yes No

Account Representative Maintenance: ADD DELETE

Name: _____ Email Address: _____

Cell Number: _____

Input Access Authority? Yes No Senior Approval Access Authority? Yes No

Account Representative Maintenance: ADD DELETE

Name: _____ Email Address: _____

Cell Number: _____

Input Access Authority? Yes No Senior Approval Access Authority? Yes No

Bank Account Maintenance

Check the type of maintenance required: ADD DELETE

Bank Name: _____

ABA/WIRE Routing #: _____

Account # _____ Account Name: _____

Check the type of maintenance required: ADD DELETE

Bank Name: _____

ABA/WIRE Routing #: _____

Account # _____ Account Name: _____

I hereby acknowledge that the Account Representatives listed are eligible to serve as Account Representatives pursuant to the FPIF Cash Management Policy, and further acknowledge that the bank wire instructions provided (if applicable to this maintenance form) belong to an account wholly owned by the Participating Pension Fund named above.

By:

Authorized Agent - Name

Signature

Date

Authorized Agent - Name

Signature

Date

***All maintenance forms should be submitted to banking@ifpif.org**