Interested Party Duplicate Statement Request Form

Important information about this form:

- Use this form to authorize the Plan to send quarterly statements to an interested party.
- This form will not allow the designated interested party to make changes to your Account on your behalf.
- A notarization acknowledgement **(Step 4)** is required for this form to be recognized by the Plan.
- Please type or print clearly in capital letters, and use black ink. Do not staple the sheets together.

Need help?
Give us a call Monday – Friday from 9am - 8pm ET at **1-800-637-5860**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:
VT529
P.O. Box 534482
Pittsburgh, PA 15253-4482

Overnight Mail:
VT529
Attention: 534482
500 Ross Street, 154-0520
Pittsburgh, PA 15262

VT529 vt529.org Administered by VSAC

Interested Party Duplicate Statement Request Form

1 Account information

Name of Account Owner (First and last)

__ __ __ – __ __ __ – __ __ __ __

Account Owner's telephone number

7 7 __ __ __ __ __ __ __ __ __ __

Account number

2 Interested Party information

Name of Interested Party (First and last)

Street address 1

Street address 2

City

State

ZIP Code

3 Sign the form

By signing below, I acknowledge and agree to the following:

- I authorize the Plan to send quarterly statements to the interested party listed in **Step 2**.
- I understand that the statements provided to the interested party will contain the same information as the statements I receive.
- The interested party will not be able to transact on the Account.
- I am responsible for keeping the interested party's address and other information up to date.
- This authorization remains in effect until I revoke it in writing and the revocation is received, in good order, by the Plan.
- I will be billed $5.00 per quarter, for duplicate statements sent to this interested party.

Signature of Account Owner/Custodian/Authorized Representative of Entity

Date (mm/dd/yyyy)

4 Notary signature

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____ , 20 _____ .
Day (#) Month Year

_____
Signature of Account Owner/Authorized Representative of Entity

State of _____, County of _____

This instrument was acknowledged before me

☐ physical presence ☐ online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: _____
Date (mm/dd/yyyy)

Notary Public (Seal)

_____
Signature of Notary Public