

www.SEIClientConnect.com Registration / Change Form

Instructions: Please complete the form if you wish to gain access to the **www.SEIClientConnect.com** website (the "Website"). The signature of the account owner(s) is required for all request types. SEI will establish each User ID within 2 business days. Once the User ID is established, two e-mails will be systematically generated and sent to the e-mail address provided below (one will contain the User ID and the other will contain the password). If you have questions about this form, please contact your Financial Professional. **Fax** completed forms to 610-676-1021.

For purposes of this form, **Financial Professional** is the investment advisor. In cases where SEI Investments Management Corporation is the investment advisor, the Financial Professional is the representative who interacts on the investor's behalf with SEI Private Trust Company.

1 Request Type (select one)

- New User ID
- Modify Existing User ID Current SEIClientConnect ID: _____
- Change to Requestor's Information Grant or Change Account Access Delete Existing User

2 Requestor's Information

Upon enrollment a password and user ID will be e-mailed to the e-mail address provided below. Additionally, a notification e-mail will be sent to the e-mail address indicated below once the requestor has registered a computer on **www.SEIClientConnect.com**. If the requestor subsequently logs on to **www.SEIClientConnect.com** using a different computer, a notification e-mail will also be sent to the e-mail address indicated below. All information must be provided in order to establish your user ID. (This information will be used to verify your identity if you forget your password or have any inquiries about your Internet access privileges.)

First Name	Last Name	Telephone Number
Taxpayer Identification Number	Mother's Maiden Name	
Date of Birth	E-Mail Address	
Financial Professional Name	Financial Professional Firm Name	

3 Account Access

- **Requestor's Account(s):** If you, as the requestor indicated in section 2, have an account(s) with SEI Private Trust Company and wish to have access to view that account(s) on **www.SEIClientConnect.com**, please list all the accounts, including sub-accounts, to which you'd like access. If you have more than five accounts, please attach a separate form. The Taxpayer ID is the Social Security Number or Employer Identification Number associated with the account.

Account Number	Account Title	Taxpayer ID
Account Number	Account Title	Taxpayer ID
Account Number	Account Title	Taxpayer ID
Account Number	Account Title	Taxpayer ID
Account Number	Account Title	Taxpayer ID

- If you are the requestor indicated in section 2 and would like an Interested Third Party's access removed, provide that person's name _____ and the account numbers from which access should be removed:

_____ Account Number _____ Account Number _____ Account Number

- **Interested Third Party:** If you, as the requestor indicated in section 2, would like to gain access to **www.SEIClientConnect.com** to view one or more accounts that belong to another account owner, list the account number, account name and Taxpayer Identification Number of the account(s) that you wish to gain access to on **www.SEIClientConnect.com**. By signing below, the account owner acknowledges that the requestor listed in section 2 will be granted access to his/her account information via **www.SEIClientConnect.com**.

_____ Account Number Account Name Taxpayer Identification Number Signature of Account Owner(s) (required)

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4 Authorization

I acknowledge that, by using the Website, I consent to the **www.SEIClientConnect.com** Terms and Conditions of Use, as set forth on the Website, which are made part hereof.

_____ Name of Requestor

_____ Signature of Requestor

_____ Date