

## Wespath Security Administration Form

### Part 1 – User Information

Submit one form for each user.

Name _____	Organization name _____
Home address _____	Title/job position _____
_____	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Remove ( <i>skip to Part 3</i> )
E-mail address _____	Account ID _____
Phone # _____	

### Part 2 – Access to Application

By checking a box, you are representing to Wespath that the user identified in Part 1 is allowed to have access to all or part of the application.

#### Institutional Investor Portal (*check one*)

- Inquiry—permits users to view account balances, account allocations and to query the transaction history
- Transactional—permits users to initiate transactions, such as deposits or investment allocation changes
- Transactional Authorize—permits transactional security access and allows users to provide second-party signature verification for withdrawals

If you select “Transactional” or “Transactional Authorize,” you are indicating that an individual has the authority to perform financial transactions. At least one person at your organization must have “Transactional Authorize” access. The transactional authorize representative takes responsibility for the account and identifies those who may conduct business on behalf of the organization.

- This level of access should apply to only the account specified above.
- This level of access should apply to **all** accounts for which the user has access.

### Part 3 – Authorization

Name of user (*please print*) \_\_\_\_\_

User signature (*to “Add” or “Modify”*) \_\_\_\_\_

Date \_\_\_\_\_

Approval by authorized representative (*please print*)

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete this form and send it by:

- E-mail (scanned copy) to **support@wespath.org**
- Fax to **1-847-866-4894**
- Mail to **Plan Sponsor Management Team**  
**Wespath Benefits and Investments**  
**1901 Chestnut Avenue**  
**Glenview, IL 60025-1604**

Be sure to keep a copy for your records.

### Part 4 – Wespath Use Only

Plan sponsor manager _____	Date _____
Customer service manager _____	Date _____
System administrator approval _____	Date _____
Security director _____	Date _____
Help desk _____	Date _____
User ID assigned ( <i>for help desk use only</i> ) _____	Date _____



### Final Distribution

- Security administrator(s): After processing, return original signed form(s) to security director.
- Security: File original (final) copies for follow up reviews/audits