Wespath Security Administration Form

Part 1 – User Information Submit one form for each user.

Name _____

Organization name _____

Home address _____

Title/job position _____

_____

❑ Add   ❑ Modify   ❑ Remove *(skip to Part 3)*

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 **Client Service 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

Client services manager _____

Date _____

Plan sponsor relations manager _____

Date _____

Service desk _____

Date _____

▶ **Final Distribution**
- Service Desk: File original (final) copies for follow up reviews/audits