Wespath

1901 Chestnut Avenue
Glenview, Illinois 60025-1604
wespath.org

Authorized Representative Security Form

Information

The information provided on this form will be used to verify the identity of your authorized representative if he or she contacts Wespath. It will be utilized as a precautionary measure to protect the security of the Wespath participant or accountholder.

An authorized representative may be:

- An agent or attorney in-fact from a Power of Attorney
- A Guardian or Conservator
- An Executor, Administrator of an estate
- A Trustee

This form may not be altered in any way and must be accompanied by the appropriate legal documentation of the relationship between the participant/accountholder and the authorized representative (e.g., Power of Attorney, court order granting Guardianship, Letters Testamentary, etc.), if not previously submitted.

Each representative must complete and submit a separate *Authorized Representative Security Form*.

Instructions

Part 1—Enter the participant/accountholder's personal information. Use a black pen and print clearly in CAPITAL LETTERS.

Part 2—Enter the authorized representative's personal information. Use a black pen and print clearly in CAPITAL LETTERS. Then, check the box that indicates the authorized representative's relationship to the participant and representative type.

Part 3—Read the statement. If you agree, sign and date the form, and have it notarized. The completed form must be returned to Wespath at the address indicated. Keep a copy of the submitted form for your records.

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Part 1—Participant/Accountholder Information (e.g., Participant, Spouse, Dependent, Estate)

Name _____ Social Security # (last 5 digits) _____

Address _____ Birth date _____

City, State, ZIP _____ E-mail address _____

Part 2—Authorized Representative Information (e.g., Power of Attorney designated Agent, Executor, Guardian)
Note: Each Authorized Representative will need to complete a separate form.

Name _____ Primary phone # _____

Address _____ Birth date _____

City, State, ZIP _____ E-mail address _____

Relationship to Participant (please specify):

❑ Spouse ❑ Child ❑ Friend ❑ Other _____

Representative Type (please specify):

❑ POA Designated agent ❑ Executor ❑ Guardian ❑ Trustee ❑ Other _____

Part 3—Signature
By signing this form, I acknowledge that:

- I have read and understand the instructions.
- This form alone is not a Power of Attorney or other legal document and will not grant access/ability to take action or receive information regarding a participant's account to another individual.
- Wespath will not release information to, or take action requested by an authorized representative without the receipt of this form ***and*** a copy of the associated legal document.
- I agree to indemnify, defend and hold harmless Wespath, its officers, directors, employees, agents and related entities from liability in connection with, or arising out of, the provision of such information or data.

Authorized representative's signature _____ Date _____

Signature of notary _____ Notary seal

If notary, State of _____

County of _____

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to **ComplianceTeam@wespath.org** or
- Fax to **1-847-866-4881** or
- Mail to Wespath
  Compliance Department
  1901 Chestnut Avenue, Glenview, IL 60025

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at **benefitsaccess.org**. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.