NEF

1. Applicant Information   **Policy:** _____

Client Type:	____ Client	____ Broker/Agent
	____ PPS	____ Third Party Client Representative (3rd Party Agreement required)

Company Name: _____

Mailing Address: _____

City: _____   State: _____   Zip: _____

Phone Number: (____) ____ - _____   Fax: (____) ____ - _____

Primary Contact: **Mr./Mrs./Ms.** _____ Title: _____
 (First Name)   **(Last Name)**

 E-mail Address: _____

 Phone Number: (____) ____ - _____ Extension: _____

 Technical Contact Name: _____ Title: _____ E-mail Address: _____

 Phone Number: (____) ____ - _____ Extension: _____

2. User Information: Users for contribution processing, view/change participant, online reports, and online disbursement approval (if applicable).

 User 1: **Mr./Mrs./Ms.:** _____ SSN: _____
  (First Name)   (Last Name)
  Phone #: (____) _____ Extension: _____ E-mail Address: _____
  Is this a replacement user?   ☐ Yes   ☐ No
  Who is this user replacing? _____
  *Are you authorized to sign off on disbursements **Yes or No** (circle one).
   If **No**, should you be able to view disbursements online? **Yes or No** (circle one).

 User 2: **Mr./Mrs./Ms.:** _____ SSN: _____
  (First Name)   (Last Name)
  Phone #: (____) _____ Extension: _____ E-mail Address: _____
  Is this a replacement user?   ☐ Yes   ☐ No
  Who is this user replacing? _____
  *Are you authorized to sign off on disbursements **Yes or No** (circle one).
   If **No**, should you be able to view disbursements online? **Yes or No** (circle one).

 User 3: **Mr./Mrs./Ms.:** _____ SSN: _____
  (First Name)   (Last Name)
  Phone #: (____) _____ Extension: _____ E-mail Address: _____
  Is this a replacement user?   ☐ Yes   ☐ No
  Who is this user replacing? _____
  *Are you authorized to sign off on disbursements **Yes or No** (circle one).
   If **No**, should you be able to view disbursements online? **Yes or No** (circle one).

 User 4: **Mr./Mrs./Ms.:** _____ SSN: _____
  (First Name)   (Last Name)
  Phone #: (____) _____ Extension: _____ E-mail Address: _____
  Is this a replacement user?   ☐ Yes   ☐ No
  Who is this user replacing? _____
  *Are you authorized to sign off on disbursements **Yes or No** (circle one).
   If **No**, should you be able to view disbursements online? **Yes or No** (circle one).

3. Signature: When users complete and submit disbursements online using their user id and password, this will serve as their electronic signature and approval of the disbursement. Such electronic signature will satisfy all legal signatory obligations of the Plan Sponsor and will carry the same legal authority as a hand written signature. By signing this form, the Plan Sponsor hereby agrees to these terms.

Authorized Signer (Please Print): _____

Signature: _____   Title: _____

FAX NUMBER: 303-737-4028