

## Wespath Security Administration Form

### Part 1 – User Information

Submit one form for each user.

Name \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

E-mail address \_\_\_\_\_

Phone # \_\_\_\_\_

Organization name \_\_\_\_\_

Title/job position \_\_\_\_\_

Add     Modify     Remove (*skip to Part 3*)

Account ID \_\_\_\_\_

### 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 Institutional 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 \_\_\_\_\_

Customer service manager \_\_\_\_\_

System administrator approval \_\_\_\_\_

Security director \_\_\_\_\_

Help desk \_\_\_\_\_

User ID assigned (*for help desk use only*) \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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

