

REQUEST NEW USER

Complete the following fields to add an individual to the Employer Self Service Website Authorized User Roster. This form must be completed by the Employer or authorized representative.
 FAX completed form to (510) 568-2089.

Name of Individual:	
Job Title:	
Email Address:	
Phone Number:	
Fax Number:	
Address:	
City, State & Zip Code:	

Employer's Certification

I, _____, authorize the addition of the above
(PRINT First and Last Name)
 named individual to the Employer Self Service Website Authorized User Roster on file with the Carpenter Funds Administrative Office. I understand that this will give the named individual full online access to the Employer's account and that this individual must accept and agree to be bound by the Terms and Conditions, specified by the Carpenter Funds Administrative Office.

 PRINT: Employer Name

 Carpenter Funds Account Number

 PRINT: Name of Authorized Representative

 Title (RME, RMO, Partner, Owner, etc.)

 Signature of Authorized Representative

 Date Signed Effective Date