



1. Group Identification

Name of Trustees:

Account No.:

Name of Plan(s):

2. Identification of Signatories

Name (in block letters)	Title
	X
Authorized for: Web Access <input type="checkbox"/> Benefits <input type="checkbox"/> Invoices <input type="checkbox"/> Funds <input type="checkbox"/>	Signature

Name (in block letters)	Title
	X
Authorized for: Web Access <input type="checkbox"/> Benefits <input type="checkbox"/> Invoices <input type="checkbox"/> Funds <input type="checkbox"/>	Signature

Name (in block letters)	Title
	X
Authorized for: Web Access <input type="checkbox"/> Benefits <input type="checkbox"/> Invoices <input type="checkbox"/> Funds <input type="checkbox"/>	Signature

Name (in block letters)	Title
	X
Authorized for: Web Access <input type="checkbox"/> Benefits <input type="checkbox"/> Invoices <input type="checkbox"/> Funds <input type="checkbox"/>	Signature

Name (in block letters)	Title
	X
Authorized for: Web Access <input type="checkbox"/> Benefits <input type="checkbox"/> Invoices <input type="checkbox"/> Funds <input type="checkbox"/>	Signature

3. Identification of Authorized External Signatories

The plan sponsor also authorizes all employees of its authorized mandatories to act with Beneva Inc. for the following:

Name (in block letters)	Firm	Title
		X
Authorized for: Web Access <input type="checkbox"/> Benefits <input type="checkbox"/> Invoices <input type="checkbox"/> Funds <input type="checkbox"/>		Signature

Name (in block letters)	Firm	Title
		X
Authorized for: Web Access <input type="checkbox"/> Benefits <input type="checkbox"/> Invoices <input type="checkbox"/> Funds <input type="checkbox"/>		Signature

Name (in block letters)	Firm	Title
		X
Authorized for: Web Access <input type="checkbox"/> Benefits <input type="checkbox"/> Invoices <input type="checkbox"/> Funds <input type="checkbox"/>		Signature

Name (in block letters)	Firm	Title
		X
Authorized for: Web Access <input type="checkbox"/> Benefits <input type="checkbox"/> Invoices <input type="checkbox"/> Funds <input type="checkbox"/>		Signature

4. Number of Signatures Required

Benefits: \_\_\_\_\_  
Invoices: \_\_\_\_\_  
Fund transfer and balancing: \_\_\_\_\_

5. Special Instructions

6. Authorization of the plan sponsor

Plan sponsor's representative \_\_\_\_\_ 

Y	Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---	---

  
Date

7. Authorization of the firm by authorized mandatories (applies only if you have completed section 3)

Authorized officer \_\_\_\_\_ 

Y	Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---	---

  
Date

Authorized officer \_\_\_\_\_ 

Y	Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---	---

  
Date