



# AUTHORIZED USER NOTIFICATION FORM

## AUTHORIZED USER DESIGNATION PROCESS

This form allows the Authorized Agent (AA) to designate another person as an Authorized User (AU). The Authorized User will be granted access to Sponsor Web for purposes of administering the Plan(s).

## AUTHORIZED AGENT (AS APPOINTED BY THE GOVERNING BODY) (please print clearly using black or blue ink)

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLAN(S): \_\_\_\_\_

PLAN NUMBER(S): \_\_\_\_\_

## AUTHORIZED USER INFORMATION (please print clearly using black or blue ink)

PLEASE SELECT ONE:       ADD USER       DELETE USER

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLAN(S): \_\_\_\_\_

PLAN NUMBER(S): \_\_\_\_\_

## AUTHORIZATION

I \_\_\_\_\_ (AA name), as Authorized Agent for \_\_\_\_\_  
\_\_\_\_\_ (Plan Names) have been

designated to act as the agent of the Employer(s) in matters pertaining to the Plan(s) and the fund. I understand that it is my responsibility to notify OkMRF of any additions or deletions of Authorized Users.

Signature of AA: \_\_\_\_\_

PLEASE RETURN THIS FORM TO VOYA  
FAX: 1-844-206-7965  
EMAIL: DL-PA-OMRF@voya.com