



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