



ACCOUNT REPRESENTATIVE GCM MAINTENANCE

Participating Pension Fund (PPF) Name:

Date Submitted to FPIF:

ACCOUNT REPRESENTATIVE MAINTENANCE

Account Representative

☐ ADD

☐ DELETE

Name:

Email Address:

Cell Number:

ACCESS AUTHORITY

YES

NO

Input Access Authority

☐☐

Senior Approval Access Authority

☐☐

Account Representative

☐ ADD

☐ DELETE

Name:

Email Address:

Cell Number:

ACCESS AUTHORITY

YES

NO

Input Access Authority

☐☐

Senior Approval Access Authority

☐☐

Account Representative

☐ ADD

☐ DELETE

Name:

Email Address:

Cell Number:

ACCESS AUTHORITY

YES

NO

Input Access Authority

☐☐

Senior Approval Access Authority

☐☐

Account Representative

☐ ADD

☐ DELETE

Name:

Email Address:

Cell Number:

ACCESS AUTHORITY

YES

NO

Input Access Authority

☐☐

Senior Approval Access Authority

☐☐

Certification

I acknowledge that the Account Representatives listed above are eligible to serve pursuant to the FPIF Cash Management Policy.

Authorized Agent - Name

Signature

Date

Authorized Agent - Name

Signature

Date

SUBMISSION INSTRUCTIONS

Submit completed forms to banking@ifpif.org. FPIF accepts authenticated electronic and digital signatures on all submitted forms and resolutions.