

Telephone Access

This telephone access form will apply to all your retirement accounts with WEA Member Benefits. Neither WEA Member Benefits nor its agents will be liable for any actions taken in compliance with such instructions that they believe to be genuine.

1. Participant Information

Social Security No. _____ Date of Birth _____

Name _____ Employer _____
Last First Middle

Address _____ Phone (_____) _____

City, State, ZIP _____ E-Mail Address _____

2. Telephone Access Options (select one)

Option 1: Member Only Authorization of Telephone Access—password encouraged.

I authorize and direct WEA Member Benefits and its agents to discuss information regarding my retirement account(s) with, and to act upon certain telephone instructions from only me. I understand and agree that neither WEA Member Benefits nor its agents will be liable for any actions taken in compliance with telephone instructions that they reasonably believe to be genuine.

Please provide a password which will allow Member Benefits to discuss your account or take investment instructions over the telephone:

_____ (up to 10 characters—no symbols or special characters allowed).

Option 2: Member and Spouse/ Domestic Partner Authorization of Telephone Access—password required.

I authorize and direct WEA Member Benefits and its agents to discuss information regarding my retirement account(s) with, and to act upon certain telephone instructions from me and my spouse/ domestic partner named below. I understand and agree that neither WEA Member Benefits nor its agents will be liable for any actions taken in compliance with telephone instructions that they reasonably believe to be genuine.

Name of your spouse/ domestic partner: _____

Please provide a password which will allow Member Benefits to discuss your account or take investment instructions over the telephone:

_____ (up to 10 characters—no symbols or special characters allowed).

Option 3: Prohibition of Telephone Access

I do not authorize discussion of my account over the telephone. I understand that this will limit my own access to information about my account(s).

I further understand that to access specific information or to execute transactions within my account(s), I must do one of the following:

- Use the *yourMONEY*™ telephone line.
- Use the *yourMONEY*™ Web site.
- Furnish WEA Member Benefits personnel with written and signed instructions.

3. Signature and Date

Participant's Signature _____ Date _____