

Telephone Access

This telephone access form will apply to all of 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. _____ Employer _____
(If retired, last employer and retire date)

WEAC ID No. (if applicable) _____

Name _____ Date of Birth _____
Last First Middle

Address _____ Phone (_____) _____

City, State, ZIP _____ E-Mail Address _____

2. Telephone Access Options (select one)

Option 1: 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 the telephone instructions of, any caller providing both my date of birth and my Social Security number and password. 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 from any caller: _____ (up to 10 characters—no symbols or special characters allowed).

Option 2: Prohibition of Telephone Access

I do not deem my birth date and Social Security number to be sufficient validation of authorized access to my retirement account(s) and, therefore, instruct WEA Member Benefits personnel **not to give anyone information or access to my retirement account(s) over the telephone.** I understand that this will limit my own access to information about my account(s).

I further understand that in order to access specific information or to execute transaction 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 _____