

Account access authorization form



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
1-866-747-3421 | SecuritiesPI@sfgmembers.com

Instructions

Use this form to authorize your Registered Representative(s), their assistant(s), and/or other individuals to enact changes to your Account on your behalf.

1. Account information

Account number	Additional account number	Additional account number
Account holder's name (first, middle initial, last)		Social Security number
Street address		Apartment/suite number
City	State	ZIP
Phone number		

2. Telephone/electronic authorization

By initialing below, I hereby authorize and direct Sammons Institutional Group[®], Inc. (SIG) to act on telephone, Internet or other electronic medium instructions, when proper identification is furnished (Social Security Number, Tax Identification or other established identifiers) concerning, but not limited to, exchange of units between the funds, to change allocation of future contributions, to request partial withdrawals, and/or other authorized transactions. I agree that SIG is not liable for any losses or expenses arising from any exchange, change in allocation of future contributions or partial withdrawal by acting in accordance with telephone, Internet or other electronic medium instructions that we believe to be genuine. SIG will employ reasonable procedures to confirm that telephone instructions are genuine.

I understand that a confirmation statement for all transactions will be mailed to me at the address of record, or emailed to me if the Electronic Information and Document Delivery Consent has been given; I acknowledge that I am responsible for promptly reviewing all confirmation statements. I agree to notify SIG of any erroneous or unauthorized transaction within thirty (30) days of my receipt of such confirmation statement.

Account Holder(s)'s Initials

I authorize my Registered Representative and their assistant(s) to enact changes to my Contract on my behalf.

Account Holder(s)'s Initials

I authorize the following individuals to enact changes to my Account on my behalf.

Name (first, middle initial, last): _____ Social Security number: _____

Name (first, middle initial, last): _____ Social Security number: _____

If a Social Security number is not provided, the proposed individual will not be authorized for certain transactions.

This authorization will remain in effect until: 1) SIG receives written or telephone notification from the Account Holder, or 2) the Account is terminated. In absence of initials, SIG will default to no authorization given for electronic and telephone transactions.

3. Signature

Account holder's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

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NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.