



# AUTHORIZED PERSONNEL INFORMATION

Participant/Entity Name: \_\_\_\_\_

1. Select one of the following:

- ☐ Activate New Authorized Individual for **Full** Rights (Complete Sections A, B, and D)
- ☐ Activate New Authorized Individual for **Limited** Rights (Complete Sections A, C, and D)
- ☐ De-Activate Existing Authorized Individual \_\_\_\_\_

(Insert Name and Complete Section D below.)

## SECTION A: AUTHORIZED PERSONNEL INFORMATION

2. Please designate the FL SAFE Authorized Individual for your Entity:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

## SECTION B: ACCOUNT SECURITY / AUTHORITY - FULL RIGHTS

3. The above-named authorized person will have the authority to:

- Certify the authorized personnel at the Entity and specify FL SAFE Participant Portal access capabilities;
- Add, change or delete the bank information (ACH/Wire) FL SAFE has on file for the Entity;
- Open, close, change and reactivate FL SAFE account Information; and
- Move money (make purchases, redemptions, transfers and fixed rate investments);

4. Account authority:

- ☐ This authorization applies to all FL SAFE sub-accounts for my entity.
- ☐ This authorization only applies to the following accounts:

\_\_\_\_\_

5. System Access: Access to the FL SAFE Participant Portal is required.

6. Email Notification:

- ☐ Yes, send an email when online statements and confirmations are available.  
To receive these emails, access to the FL SAFE Participant Portal must have been selected in the section above.
- ☐ No, do not send an email when online statements and confirmations are available.

## SECTION C: ACCOUNT SECURITY / AUTHORITY - LIMITED RIGHTS (transaction or view only)

### 7. Security:

- ☐ Yes, the authorized person is authorized to move money (Purchases, Redemptions, Transfers)
- ☐ No, the authorized person is not authorized to move money; VIEW ONLY access is requested.

### 8. Account Authority:

- ☐ This authorization applies to all FL SAFE sub-accounts for my entity.
- ☐ This authorization only applies to the following accounts:

\_\_\_\_\_

### 9. System Access: Access to the FL SAFE Participant Portal is required.

#### Email Notification:

- ☐ Yes, send an email when online statements and confirmations are available.  
To receive these emails, access to the FL SAFE Participant Portal must have been selected in the section above.

### 10. ☐ No, do not send an email when online statements and confirmations are available.

## SECTION D: AUTHORIZATION

This section must be signed by either an authorized person as designated in the New Account Application, a Primary Contact or Authorized Personnel Information form, OR the new incumbent in an authorized position, accompanied by a copy of the board minutes covering the appointment/election of a new incumbent (please mark the appropriate section and black out salary and other confidential information.) The authorizations set forth on this form shall remain in full force and effect until the Fund receives written notification of a change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_