

Is electronic account access desired? If NO, complete only Section 1. If YES, complete both Sections 1 and 2.

Section 1

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Authorized to receive monthly statements Authorized to make contributions, distributions, and transfers (SIGNATURE REQUIRED)

Signature: _____

Section 2: Electronic Access via the BFFI Web portal

Please choose **ONLY ONE** level of access (descriptions are on the bottom of the first page): Level 1 Level 2 Level 3 Level 4

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