



REQUEST NEW USER

Complete the following fields to add an individual to the Employer Self Service Website Authorized User Roster. The Employer's authorized representative must complete this form.

Email completed form to employerservices@carpenterfunds.com.

Name of Individual:	
Job Title:	
Email Address:	
Phone Number:	
Fax Number:	
Address:	
City, State & Zip Code:	

Employer's Certification

I, _____, authorize the addition of the above
(PRINT First and Last Name)

named individual to the Employer Self Service Website Authorized User Roster on file with the Carpenter Funds Administrative Office. I understand that this will give the named individual full online access to the Employer's account and that this individual must accept and agree to be bound by the Terms and Conditions, specified by the Carpenter Funds Administrative Office.

PRINT: Employer Name

Carpenter Trust Fund Account Number(s)

PRINT: Name of Authorized Representative

Title (RME, RMO, Partner, Owner, etc.)

Signature of Authorized Representative

Date Signed Effective Date