

**INSTRUCTIONS:**

1. Complete the attached Change of Authorized Officer for Employer Form
2. Sign the form
3. Mail or fax the completed, signed form to:

**Please send to:****Regular:****Express:**

Primerica Shareholder Services  
P.O. Box 534485  
Pittsburgh, PA 15253 – 4485

Primerica Shareholder Services  
Attention: 534485  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

**Fax Services: (844) 568-3809**

**Client Services: (800) 544-5445**

This form may be used when changing or updating the authorized officer of employer regarding eContributions. Primerica Shareholder Services (PSS) will recognize the new Authorized Officer as the Authorized Administrator of the plan in the eContributions system.

Employer shall designate individuals as authorized users of eContributions who will then have the ability to access the eContributions website to submit Plan Contribution Instructions and update employer address and other contact information (such as phone number and email address) for the retirement plan. Employers that submit monetary contributions by ACH (Automated Clearing House) will be able to use eContributions to transmit the Plan Contribution Instructions. Upon PSS' receipt of this, a self-registration link will be sent to the authorized individual user's email address on this form. When an authorized individual user registers via the self-registration link, a unique eContributions user name and password will be established for that individual. It is the sole responsibility of the Employer and authorized users to control the security and confidentiality of the user name(s) and password(s), and Employer acknowledges and agrees that PSS may rely upon any Plan Contribution Instructions being transmitted under a user name and password issued to Employer or any authorized users. Employer is solely responsible for the actions of its Authorized Users.

Timer / Plan ID: \_\_\_\_\_

By: \_\_\_\_\_

(Name of Employer)

\_\_\_\_\_  
(Address)

Reason for change: \_\_\_\_\_

I hereby certify that the above name employer has a change in authorized officer (listed below) and request this information be updated and reflected immediately in the eContributions system.

Previous Authorized Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Previous Authorized Officer Email Address: \_\_\_\_\_

New Authorized Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

New Authorized Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Authorized Officer Email Address: \_\_\_\_\_

New Authorized Officer Phone Number: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(Seal)

Once completed, mail or fax the form and any required documents to the appropriate address or services listed for processing.

## Please send to:

## Regular Mail

## Overnight Mail

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