



Account Changes Form

participantservice@cslip.org

1-888-312-2164

Designation Form

(requires two authorized signers for dual authorization accounts)

Account Name

Account Number

New Authorized Signer ☐

Read-Only Access ☐

First Name

Last Name

Title

Email Address

Phone (primary)

Phone (alternate)

Signature (required only for new authorized signer)

Remove Authorized Signer or Read-Only Access

First and Last Name

Email Address

Primary Contact Information

Name:

Email:

Daytime Telephone:

Alternate Telephone:

Authorized Signature

Authorized Signature

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)
