



DEACTIVATE USER

Complete the following fields to remove an authorized user's access to the Employer Self Service Website. The Employer's authorized representative must complete this form.

Email completed form to employerservices@carpenterfunds.com.

Name of Individual:	
Job Title:	
User Name (if known):	
Reason for Removal:	

Employer's Certification

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

named individual from the Employer Self Service Website Authorized User Roster on file with 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