

REQUEST NEW USER

Complete the following fields to add an individual to the Employer Self Service Website Authorized User Roster. This form must be completed by the Employer or authorized representative.

FAX completed form to (510) 562-1702 or email to NCC401K@carpenterfunds.com.

Name of Individual:			
Job Title:			
Email Address:			
Phone Number:			
Fax Number:			
Address:			
City, State & Zip Code:			
named individual to the E with the Carpenter Funds A individual full online acces	and Last Name) mployer Self Ser administrative Off s to the Employer	vice Website Auth fice. I understand the 's account and that	the addition of the above corized User Roster on file hat this will give the named this individual must accept
and agree to be bound by Administrative Office.	the Terms and C	Conditions, specific	ed by the Carpenter Funds
		If 40.	$I(k)$ account only, check here: \Box
PRINT: Employer Name		Carpenter Funds Account Number	
PRINT: Name of Authorized Representative		Title (RME, RMO, Partner, Owner, etc.)	
Signature of Authorized Representative		Date Signed	Effective Date

Employer Self Service Rev. 07/2019