



# CONTACT RECORD

Questions? Call 1-877-667-3523

**Instructions:** Complete this form to establish a new Contact and/or EON User with the Fund.

**CONTACT TYPE:** (Please select a contact type.)

Contact Type: **Person** \*Individual to be established as a Contact.  
**Group** \_\_\_\_\_ \*Group of individuals that can only be established as a Statement Recipient.  
(Group Name)

**CONTACT INFORMATION:** (Please fill this section out completely. If this Contact is a group, please fill out the second line of this section only.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Mr. Ms. Mrs.  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

**TRUSTEE INFORMATION:** (If applicable, please enter the name of the Trustee.)

Trustee Name: \_\_\_\_\_

**EON USER INFORMATION:** (Please fill this section out completely.) \*Group contacts will not be permitted EON access.

Preferred/Current EON Username: \_\_\_\_\_ (The NLA Client Services Group will contact you if your preferred Username is unavailable.)

Please select and answer **one** of the security questions below. Your answer to the selected question will be required to reset your password.

- What is the name of your first pet?
- What was the color of your first car?
- In what city was your Mother born?
- What is the middle name of your oldest child?
- What is your Mother's maiden name?
- What is the name of the street you grew up on?
- What was your childhood nickname?

**\*Note:** Your access to the Easy Online Network (EON) will be completed by the NLA Client Services Group. You will receive an email from the EON Administrator (eonadministrator@pfm.com) confirming when your access is setup. The email will contain a temporary password for your initial login. You can login by visiting the NLA website at [www.NLAFPOOL.org](http://www.NLAFPOOL.org). You will be prompted to change this password after you login. If you have any questions, please contact the NLA Client Services Group at 1-877-667-3523.

Your answer: \_\_\_\_\_

**SIGNATURE:** (Please sign inside the box below for future verification purposes.)

Contact Signature

Print or Type Name of Contact

Date

*\*This form only establishes the individual above as a Contact in the records of the Fund. It does not give access to Investor accounts or establish a statement recipient. Please submit the NLA Permissions Form to associate the Contact above to an Investor, assign permissions, and establish the individual as a statement recipient.*

**Any document received by email will not be accepted. Please send by fax or mail.**

**FAX TO:** NLA Client Services Group  
1-888-535-0120  
**MAIL TO:** NLA Client Services Group  
P.O. Box 11760  
Harrisburg, PA 17108-1760

| FUND USE ONLY |      |          |
|---------------|------|----------|
| V2016.02      | DATE | INITIALS |
| Processed     |      |          |
| Confirmed     |      |          |