

Form number and name:	2190546 – Navigate Everence Enrollment
Type of plans to use this form:	Institutional or Organizational accounts
Who can use this form:	Institutional clients wanting online access to ETC or EF IMAs
When to use this form:	Submit with new account paperwork for establishing new institutional or organizational accounts for each person requesting it Institutions now wanting to set up or add online access for existing account
Do not use this form for:	Individual accounts
Method of submission:	Copy or scan form to your FSAR

How to complete this form

Organization information

- Enter name of organization, institution or company and the date on lines where indicated
- Enter business address of the organization, institution or company named on first line

Representative information

- Enter name of individual requesting online access
- Enter individual's title with organization, institution or company
- Enter individual's mailing address checking box for a business or personal address
- Enter phone number and indicate type of phone number
- Enter email address to be used for online access
- Enter 4-digit identifier and birthday for future verification

Access to Navigate Everence

- Check second box in section for "Portfolio Link"
- List account number(s) and account name(s) on each line the person is requesting online access to
– If a new account, write "New Account"
- If person requesting access is an Authorized Person of the institution, organization or company, they sign the form. Must also be listed on corporate resolution as an Authorized Person on account
- If person requesting access is not an Authorized Person of the institution as just described, form must be signed by someone who is an Authorized Person listed on corporate resolution

Note: A separate form must be completed for each person requesting online access

If additional questions, contact your FSAR

Navigate Everence Enrollment



For trust and foundation services

Send this completed form to Everence, P.O. Box 483, Goshen, IN 46527 or fax it to (574) 533-5264.

Organization information

Organization or company _____ Date _____

Address _____
Street City State ZIP

Representative information

Name _____ Preferred first name _____
First Middle Last

Title _____

Mailing address _____
Street City State ZIP

Type of address business home

Telephone number _____ Type work cell home

Email address _____

Identifying information: 4-digit identifying number _____ Birth date _____
(Required to confirm your identity for future inquiries and to keep your information private and safe.)

Access to Navigate Everence

Navigate Everence offers online access to account and other information your group has with us. Each area of business has its own Web application and features.

Which Web applications will you be using?

- Everence Foundation Associates**, for professionals involved with planned giving through Everence Foundation services.
- Portfolio Link**, access to account and statement information for organizations and individuals using Everence Foundation and Trust services.

If you will use **Portfolio Link**, please provide the accounts you need access to:

Account No.	Account Name
_____	_____
_____	_____
_____	_____
_____	_____

Signature of account owner/authorized signer _____ Date _____

Everence

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