

Form number and name:	2190509 – Portfolio Link Enrollment
Type of plans to use this form:	All ETC Individual IMAs and all types of ETC IRAs (Everence Foundation - Only Donor Advised Funds)
Who can use this form:	Individuals wanting online access to accounts with ETC or EF (DAF only)
When to use this form:	For clients opening a new account and requesting online access - submit with new account paperwork If online access is not requested, form is not required For clients deciding to no longer receive a paper statement For clients who have an account and now want to add online access
Do not use this form for:	Institutional clients, Gift Annuities, CRUTS, CRATS
Method of submission:	Copy or scan form to your FSAR

How to complete this form

"Access Portfolio Link through your registered My Everence account at everence.com"

- Enter date form is being completed.
- Check for new enrollment, or existing one
- Enter name, address, phone number (indicating type of number), and email address of person requesting access * If more than one person is requesting online access, complete separate Portfolio Link Enrollment form for each person with each person's information on form
- Section on right for Alternate Mailing information is optional. Only complete if applicable

"Account(s) to be accessed"

- Enter "Add" or "Remove" in first column, depending on request
- Enter account number, if known, in second column. If new account, enter "New Account"
- Enter name of account in third column, ie. "John Doe IMA", "John Doe IRA", " John & Sally Doe DAF"
- List each account requesting online access on separate lines
- If person requesting access is account owner, they sign and date form
- If person requesting access is **not** the account owner, **account owner** must sign and date form. Indicates account owner gives permission for non-account owner to have online access

***Note:** Do not put more than one person requesting online access on the same form

If additional questions, contact your FSAR

Portfolio Link Enrollment



For Everence Trust Company and Everence Foundation clients

Access Portfolio Link through your registered My Everence account at everence.com.

Date _____

New enrollment Yes No

Name _____
First Middle Last

Preferred first name _____

Home mailing address _____

Alternate mailing address for Portfolio Link information
(optional) _____

Street _____

Street _____

City State ZIP

City State ZIP

Telephone number _____

Alternate telephone number _____
(optional)

Type daytime evening cell

E-mail address _____

Account(s) to be accessed

Add/Remove	Account Number	Account Name

Note: To request access to account(s) owned by another individual (spouse, etc.), the account owner must sign this form authorizing access to their account(s).

Signature of account owner/authorized signer _____ Date _____

Signature of account owner/authorized signer _____ Date _____

Submit to:

Everence Trust Company
PO Box 483
Goshen, IN 46527
Fax: (574) 537-6645

Everence

1110 N. Main St.
P.O. Box 483
Goshen, IN 46527
everence.com

Toll-free: (800) 348-7468
T: (574) 533-9511

Office use only

Applicant client ID _____

Applicant client ID _____

Advisor name _____