

TRUST ACCESS AUTHORIZATION FORM

DESIGNATION FOR TRUST ACCOUNT ACCESS:

*The undersigned REG 1 Administrator **AUTHORIZES** trust account access to the following individuals:*

| | |
|--|--------------------------------------|
| Full Name (First, Middle, Last): | License No. <i>(if applicable)</i> : |
| Funeral Home Name: | |
| Access Type: <input type="checkbox"/> Claims/Picklist <input type="checkbox"/> Preneed Ledgers <input type="checkbox"/> Online Account Creation <input type="checkbox"/> All Access | |
| Full Name (First, Middle, Last): | License No. <i>(if applicable)</i> : |
| Funeral Home Name: | |
| Access Type: <input type="checkbox"/> Claims/Picklist <input type="checkbox"/> Preneed Ledgers <input type="checkbox"/> Online Account Creation <input type="checkbox"/> All Access | |
| Full Name (First, Middle, Last): | License No. <i>(if applicable)</i> : |
| Funeral Home Name: | |
| Access Type: <input type="checkbox"/> Claims/Picklist <input type="checkbox"/> Preneed Ledgers <input type="checkbox"/> Online Account Creation <input type="checkbox"/> All Access | |

REVOCATION OF TRUST ACCOUNT ACCESS:

*The undersigned REG 1 Administrator **REVOKES** trust account access for the following individual:*

| | |
|----------------------------------|--------------------------------------|
| Full Name (First, Middle, Last): | License No. <i>(if applicable)</i> : |
| Funeral Home Name: | |

REG 1 ADMINISTRATOR:

The undersigned agrees to indemnify and hold harmless the New Jersey Prepaid Funeral Trust Fund, the New Jersey State Funeral Directors Association and its affiliates from any claims or causes of action arising or related in any respect to the undersigned's direction for **AUTHORIZATION** or **REVOCATION** of trust account access for funeral home(s) and individual(s) named in this document.

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|----------------------------------|--------------------------|---|
| Full Name (First, Middle, Last): | Authorization Signature: | Date: |
| Funeral Home Name: | | Funeral Home Master Trust Account (MTA) Number: |

Maintain a copy of this form for your records.

Send to the attention of:
 NJSFDA Membership Services
 Email: AdminMembershipServices@njsfda.org
 Fax: 732.974.8144