

Company Contact Information

Please provide us with the following confidential contact information. (Allow ten minutes to complete this form.)

Providing this information ensures that fundserv directs important industry communications to the appropriate individual. Please complete the form and then use the submit button to send this form to fundserv.

Company Code:

Third Party Systems:

Third Party Administrators:

Name: Title:	Title: Primary Phone:	Email: Alternate/Emergency Phone:
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Senior Executive	Billing contact	
Chief Financial Officer (CFO)	Alternate Billing contact	
Signing Officer	IT Operations	
Senior Contact	Emergency Contact	
Business Operations	BCP and DR Testing Contact	
myserv Connectivity	Standards Adherence (Manufacturer)	
N\$M Testing Contact	N\$M Missing Payment Escalation Contact	

FundSTATE Subscriber/Subscription
Notification Schedule
(Select (1) option in each subsection)

Days

Time

Deliver

Name: Title:	Title: Primary Phone:	Email: Alternate/Emergency Phone:
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Senior Executive	Billing contact	
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Signing Officer	IT Operations	
Senior Contact	Emergency Contact	
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Signing Officer	IT Operations	
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Signing Officer	IT Operations	
Senior Contact	Emergency Contact	
Business Operations	BCP and DR Testing Contact	
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