Company Contact Information Certainty

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.

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:
Senior Executive	Billing contact	FundSTATE Subscriber/Subscription
Chief Financial Officer (CFO)	Alternate Billing contact	Notification Schedule (Select (1) option in each subsection)
Signing Officer	IT Operations	Days
Senior Contact	Emergency Contact	Time
Business Operations	BCP and DR Testing Contact	Deliver
myserv Connectivity	Standards Adherence (Manufacturer)	
N\$M Testing Contact	N\$M Missing Payment Escalation Contact	
Name: Title:	Title: Primary Phone:	Email: Alternate/Emergency Phone:
Senior Executive	Billing contact	FundSTATE Subscriber/Subscription Notification Schedule
Chief Financial Officer (CFO)	Alternate Billing contact	(Select (1) option in each subsection)

Signing Officer IT Operations

Senior Contact Emergency Contact

Business Operations BCP and DR Testing Contact

Time Deliver

Days

myserv Connectivity Standards Adherence (Manufacturer)

N\$M Testing Contact N\$M Missing Payment Escalation Contact

Name: Title:

Title: Primary Phone: Alternate/Emergency Phone:

Senior Executive Billing contact FundSTATE Subscriber/Subscription

Notification Schedule

Email:

Chief Financial Officer (CFO) Alternate Billing contact (Select (1) option in each subsection)

Signing Officer IT Operations Days

Senior Contact Emergency Contact Time

Business Operations BCP and DR Testing Contact Deliver

myserv Connectivity Standards Adherence (Manufacturer)

N\$M Testing Contact N\$M Missing Payment Escalation Contact

Name: Title: Email:

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Senior Executive Billing contact FundSTATE Subscriber/Subscription

Notification Schedule

Chief Financial Officer (CFO) Alternate Billing contact (Select (1) option in each subsection)

Signing Officer IT Operations Days

Senior Contact Emergency Contact Time

Business Operations BCP and DR Testing Contact Deliver

myserv Connectivity Standards Adherence (Manufacturer)

N\$M Testing Contact N\$M Missing Payment Escalation Contact

Name: Title: Email:

Title: Primary Phone: Alternate/Emergency Phone:

Senior Executive Billing contact FundSTATE Subscriber/Subscription

Chief Financial Officer (CFO) Alternate Billing contact (Select (1) option in each subsection)

Notification Schedule

Signing Officer IT Operations Days

Senior Contact Emergency Contact Time

Business Operations BCP and DR Testing Contact Deliver

myserv Connectivity Standards Adherence (Manufacturer)

N\$M Testing Contact N\$M Missing Payment Escalation Contact

Title: Name: Email:

Title: **Primary Phone: Alternate/Emergency Phone:**

Senior Executive Billing contact FundSTATE Subscriber/Subscription

Notification Schedule

Chief Financial Officer (CFO) (Select (1) option in each subsection) Alternate Billing contact

Signing Officer **IT Operations** Days

Senior Contact **Emergency Contact** Time

Business Operations BCP and **DR** Testing Contact Deliver

myserv Connectivity Standards Adherence (Manufacturer)

N\$M Testing Contact N\$M Missing Payment Escalation Contact

Title: Email: Name:

Chief Financial Officer (CFO)

Senior Executive

Title: **Primary Phone: Alternate/Emergency Phone:**

Senior Executive Billing contact FundSTATE Subscriber/Subscription

(Select (1) option in each subsection)

FundSTATE Subscriber/Subscription

Notification Schedule

Alternate Billing contact

Signing Officer **IT Operations** Days

Senior Contact Emergency Contact Time

Business Operations BCP and **DR** Testing Contact Deliver

myserv Connectivity Standards Adherence (Manufacturer)

N\$M Testing Contact N\$M Missing Payment Escalation Contact

Title: **Email:** Name:

Title: **Primary Phone: Alternate/Emergency Phone:**

Billing contact

Notification Schedule Chief Financial Officer (CFO) Alternate Billing contact (Select (1) option in each subsection)

Signing Officer **IT Operations** Days

Senior Contact **Emergency Contact** Time

Business Operations BCP and **DR** Testing Contact Deliver

myserv Connectivity Standards Adherence (Manufacturer)

N\$M Testing Contact N\$M Missing Payment Escalation Contact Name: Title: Email:

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Chief Financial Officer (CFO)

Alternate Billing contact

Notification Schedule
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