



Designated LRA Approver Form

Provide us with the Designated LRA Approver(s) information in the section below to ensure that Fundserv grants appropriate individual(s) Local Registration Authority (LRA) access within your organization.

Note: you must use an individual email address for the Designated LRA Approver contact.

Company Name*
Company Code*

Designated LRA Approver(s) Contact Information

The Designated LRA Approver at your firm has the authority to approve Local Registration Authority (LRA) requests submitted via the Sponsorship for Local Registration Authority (LRA) form.

Name*	Email*	Signature*
Name	Email	Signature
Name	Email	Signature
Name	Email	Signature
Name	Email	Signature

Authorized Signature

By signing this form, I (Signing Officer) am confirming my approval for the appointment of the above Designated LRA Approver(s). Accepting the designation and role of an LRA means accepting the accompanying responsibilities and obligations. I understand that the LRA candidate agrees to comply with the terms of the LRA Guide, Fundserv’s Privacy Policy, and any reasonable directions provided by a duly authorized representative of Fundserv to safeguard the confidentiality and security of the information in the custody or control of Fundserv. I affirm that I have confirmed this obligation with the LRA candidate. I understand that I am responsible for notifying Fundserv of any personnel changes affecting the registration of the above individuals.

Full Name of Signing Officer*	Title*
Signature*	Date*

* Required Field