

# Request for Secure Access Services

The purpose of this form is to record and track the management of Secure Access and DN changes.

## Request Type (Select a service in A,B or C)\*

A. If you select a service in this subsection, complete sections 1 and 3

Delete Access	Remove LRA Priveleges	Change Codes
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B. If you select a service in this subsection, complete the appropriate sections

Individual DN change (Complete sections 1, 2, and 3)
Bulk DN change (Complete sections 2 and 3, a Fundserv member will followup)

C. If you select a service in this subsection, complete the sections 1, 2, and 3

Other (For example, for myserv access, change of e-mail address)
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## 1. Individual Access Holder Details

(Complete the details for the LRA for whom you are completing the request)

Name	
Company Name	Company Code
Phone	Email

## 2. Individual Access Holder Details

Company code	
Information has changed	
From	To

## 3. Reason for Request

Date effective from
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Provide the reason you are requesting the service

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Authorization

(To be completed and signed by an authorized signing officer or another LRA at your company.)

Name*	Position*
Email*	Phone*
Signature*	Date*

\* Required Field