NEBRASKA LIQUID ASSET FUND

Contact Record

Questions? Call 1-877-677-3523

Instructions: Complete this form to establish a new Contact and Connect User with the Fund. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

Note: *This form only establishes the individual below as a Contact in the records of the Fund. It does not give access to Investor Accounts or establish a statement recipient. Please submit the* ***NLAF Permissions Form*** *to associate the Contact below to an Investor, assign permissions, and establish the individual as a statement recipient.*

CONTACT INFORMATION: *(Please fill this section out completely.)*

CSGV2022.09

First Name: _____ **Last Name:** _____ **Title:** _____

Email: _____ **Phone:** _____ **Ext.** ____ **Mobile:** _____ **Fax:** _____

Connect Username: _____ *(NLAF Client Services Group will contact you if your Username is unavailable.)*

Please select and answer one of the security questions below. You will have the ability to change the security question and answer online once your Username is established. Your answer could be used for authentication when you contact the NLAF Client Services Group.

- ☐ *What is the name of your first pet?*
- ☐ *What was the color of your first car?*
- ☐ *In what city was your Mother born?*
- ☐ *What is the middle name of your oldest child?*
- ☐ *What is your Mother's maiden name?*
- ☐ *What is the name of the street you grew up on?*
- ☐ *What was your childhood nickname?*

Your answer: _____

Note: *Enrollment in Connect is established for all new Contacts. Your access to Connect will be completed by the NLAF Client Services Group. You will receive an email from ConnectAdminNoReply@pfmam.com confirming when your access is setup. The email will contain a temporary password for your initial login. You can login by visiting the NLAF website at www.nlafpool.org. After you login, you will be prompted to change this password and will have the ability to update your contact information at your convenience. If you have any questions, please contact the NLAF Client Services Group at 1-877-677-3523.*

TRUSTEE INFORMATION: *(If applicable, please enter the name of the Trustee Bank you are employed by.)*

Trustee Bank Name: _____

GROUP CONTACT INFORMATION: *(This section of the form is only to establish a group/department/central office to which paper statements will be mailed.)*

Group Contact Name: _____

SIGNATURE:

✕ *Please print, sign and date this form with blue or black ink.*

Contact Signature _____ Print or Type Name of Contact _____ Date _____

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT:	Log in to Account Access	**FAX TO:**	NLAF Client Services Group	**MAIL TO:**	NLAF Client Services Group
Existing Connect	Click ✉ Secure Contact		1-888-535-0120		P.O. Box 11760
Users Only	Select file to upload - Send message				Harrisburg, PA 17108

Print Form

Clear Form