



# CONTACT RECORD

Questions? Call 1-877-466-4523

**Instructions:** Complete this form to establish a new Contact and/or EON User with the Fund.

**CONTACT TYPE:** (Please select a contact type.)

**Contact Type:** **Person** \*Individual to be established as a Contact.

**Group** \_\_\_\_\_ \*Group of individuals that can only be established as a Statement Recipient.  
(Group Name)

**CONTACT INFORMATION:** (Please fill this section out completely. If this Contact is a group, please fill out the second line of this section only.)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Mr. Ms. Mrs.

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Ext.** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**TRUSTEE INFORMATION:** (If applicable, please enter the name of the Trustee.)

**Trustee Name:** \_\_\_\_\_

**EON USER INFORMATION:** (Please fill this section out completely.) \*Group contacts will not be permitted EON access.

**Preferred/Current EON Username:** \_\_\_\_\_ (The MILAF+ Client Services Group will contact you if your preferred Username is unavailable.)

Please select and answer **one** of the security questions below. Your answer to the selected question will be required to reset your password.

- 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?

**\*Note:** Your access to the Easy Online Network (EON) will be completed by the MILAF+ Client Services Group. You will receive an email from the EON Administrator (eonadministrator@pfm.com) confirming when your access is setup. The email will contain a temporary password for your initial login. You can login by visiting the MILAF+ website at [www.milaf.org](http://www.milaf.org). You will be prompted to change this password after you login. If you have any questions, please contact the MILAF+ Client Services Group at 1-877-466-4523.

**Your answer:** \_\_\_\_\_

**SIGNATURE:** (Please sign inside the box below for future verification purposes.)

Contact Signature

Print or Type Name of Contact

Date

*\*This form only establishes the individual above 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 MILAF+ Permissions Form to associate the Contact above to an Investor, assign permissions, and establish the individual as a statement recipient.*

**Any document received by email will not be accepted. Please send by fax or mail.**

**FAX TO:** MILAF+ Client Services Group  
1-888-535-0120

**MAIL TO:** MILAF+ Client Services Group  
P.O. Box 11760  
Harrisburg, PA 17108-1760

**FUND USE ONLY**

V2015.10	DATE	INITIALS
Processed		
Confirmed		