YMCA RETIREMENT FUND
SAVINGS FOR LIFE

YERDI CONTACT INFORMATION

The local plan administrator is the person the Retirement Fund will contact with pertinent information and updates. Each YMCA can name only one local plan administrator.

User Name and Password will be sent to the email provided in Step 2 below.

STEP 1. CONTACT TYPE (please check one)

☐ **New Local Plan Administrator**: Remove the contact on record and replace them with the individual named below

☐ **YERDI Access Only**: Give YERDI access to the individual named below in addition to the local plan administrator currently on file with the Fund

STEP 2. CONTACT INFORMATION

☐ Mr ☐ Ms
☐ Mrs ☐ Miss

First Name _____ Middle _____ Last _____

Name of your YMCA _____

Job Title _____ _____/_____/_____
Date of Hire (mm/dd/yyyy)

Street Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Type of YERDI access needed (if you currently have access, skip to **STEP 3**): ☐ **Full (financial & non-financial)** ☐ **Non-financial only**

Please provide the answer to **one** of the following questions. Your answer must be a **minimum of four characters**. The answer to this question will be the **Security Word** which you will need to access YERDI.

What is your mother's maiden name? _____

What is the name of your pet? _____

In what city were you born? _____

STEP 3. AUTHORIZATION BY YOUR YMCA

To be signed by the YMCA's Chief Executive Officer. If applicant is the Chief Executive Officer, the Board President or Chairman must sign instead.

I authorize this contact information effective_____/_____/_____
(mm/dd/yyyy)

Name (please print) _____

Title (please print)_____

Telephone _____Email_____

Name of Your YMCA (please print) _____

SIGNATURE _____ _____/_____/_____ _____
(mm/dd/yyyy) YMCA Number

YMCA Contact 12/11

140 Broadway, New York, NY 10005 1197
Tel 646 458 2400 or 800 RET YMCA
Fax 646 458 2550
info@ymcaret.org
www.yretirement.org

YCONINFO