



## Duplicate Statement Request Form

This form should be used when setting up balance-forward or outside investment accounts. This form serves as authorization to setup July Business Services as an Interested Party for the purpose of receiving duplicate statement copies. Please provide this signed authorization form to your financial advisor.

### Employer / Plan Information

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Plan Name

### Account Information

\_\_\_\_\_  
Account Holder Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Holder Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Holder Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Holder Name

\_\_\_\_\_  
Account Number

### Interested Party Information

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### Account Owner Authorization

\_\_\_\_\_  
Account Owner Signature

\_\_\_\_\_  
Date

Contact us if you need assistance or have questions regarding this form.  
We are available Monday - Friday, 7:00 a.m. to 5:30 p.m. CST.

Phone: 888.333.5859, Option 1  
Fax: 800.671.6786