



Member Consent Form: MyAccount™ UFCW National Fund, Member Portal User Setup

I, _____, hereby authorize the UFCW National Fund Member Advocate, a representative of The UFCW National Health and Welfare Fund, to set up my MyAccount™ Member Portal login credentials on my behalf.

I understand that by providing this authorization, the advocate will have temporary access to my account for the purpose of creating and managing the MyAccount™ Member Portal user account.

I acknowledge that I am responsible for maintaining the confidentiality of my MyAccount™ Member Portal user ID and password. I will notify The UFCW National Fund immediately if I become aware of any unauthorized use of my account or any other security breach.

I understand that the MyAccount™ Member Portal provides access to information related to my Fund membership, and I consent to The Member Advocate staff assisting me in setting up and managing my user ID for this portal.

By signing below, I confirm that I have read, understood, and agree to the terms outlined in this consent form.

Member's Signature: _____

Member Name (Please print) _____

Date: _____

Fund Member Advocate's Signature: _____

Fund Member Advocate Name (please print) _____

Date: _____

Note: This form should be kept on record by The UFCW National Fund as evidence of the member's consent for the Fund Member Advocate to set up their MyAccount™ Member Portal user ID on their behalf.