Personal Accounting Services, Inc.
Part of the AssuranceSD Family

PARTICIPANT AUTHORIZED REPRESENTATIVE FORM

Instructions: Please complete Sections 1 and 2, where applicable. Participants are required to sign and date at the bottom of the form. If a Participant has an Authorized Representative (AR), the AR must also sign and date the form. Please submit the completed form to PAS via one of the following options:

Mail	**Email**	**Fax**
20500 Eureka Rd, Ste 112 Taylor, MI 48180	HR@PASSelfDirection.com	734.206.1433

SECTION 1: PARTICIPANT INFORMATION

First Name | Middle Initial | Last Name

Address | City | State | Zip

Home Number | Mobile Number | Work Number

Email Address

Date of Birth | Social Security Number

SECTION 2: AUTHORIZED REPRESENTATIVE INFORMATION *(if applicable)*

First Name | Middle Initial | Last Name

Address | City | State | Zip

Home Number | Mobile Number | Work Number

Email Address

Date of Birth | Social Security Number

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. For any questions or concerns, please contact our office at **734.729.3100, Prompt 1**.

Participant Signature | Date

Authorized Representative Signature | Date