

Instructions: Complete this form to establish a new Contact and Connect User with the Program. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

Note: This form only establishes the individual below as a Contact in the records of the Pool. It does not give access to Participant Accounts or establish a statement recipient. Please submit the **NJ/ARM Permissions Form** to associate the Contact below to a Participant, assign permissions, and establish the individual as a statement recipient.

CONTACT INFORMATION: (Please fill this section out completely.)

First Name: _____ Last Name: _____ Title: _____

Email: _____ Phone: _____ Ext. _____ Mobile: _____ Fax: _____

Connect Username: _____ (NJ/ARM Client Services Group will contact you if your Username is unavailable.)

Please select and answer one of the security questions below. You will have the ability to change the security question and answer online once your Username is established. Your answer could be used for authentication when you contact the NJ/ARM Client Services Group.

- 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?

Your answer: _____

Note: Enrollment in Connect is established for all new Contacts. Your access to Connect will be completed by the NJ/ARM Client Services Group. You will receive an email from ConnectAdminNoReply@pfmam.com confirming when your access is setup. The email will contain a temporary password for your initial login. You can login by visiting the NJ/ARM website at www.njarm.com. After you login, you will be prompted to change this password and will have the ability to update your contact information at your convenience. If you have any questions, please contact the NJ/ARM Client Services Group at 1-800-535-7829.

TRUSTEE INFORMATION: (If applicable, please enter the name of the Trustee Bank you are employed by.)

Trustee Bank Name: _____

GROUP CONTACT INFORMATION: (This section of the form is only to establish a group/department/central office to which paper statements will be mailed.)

Group Contact Name: _____

SIGNATURE:

 Contact Signature

 Print or Type Name of Contact

 Date

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT: Log in to Account Access <i>Existing Connect</i> Click <input checked="" type="checkbox"/> Secure Contact <i>Users Only</i> Select file to upload - Send message	FAX TO: NJ/ARM Client Services Group 1-800-252-9551	MAIL TO: NJ/ARM Client Services Group P.O. Box 11760 Harrisburg, PA 17108
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PROGRAM USE ONLY

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