**UPM employer portal access request**

**This form is to be completed by the Head of Fund to manage user access to UPM employer portal as a client user.**

Please complete and return to the LPPA Client mailbox.

|  |  |
| --- | --- |
| Fund: |  |

|  |  |
| --- | --- |
| Name of User: |  |
| User Email Address:  |  |
| Position |  |

**This User is to be ADDED / DELETED\***

**By signing this form you are agreeing and confirming that the user named above should be granted (or their access rescinded) client level access and therefore, have/no longer have access to view data and documents for all members within the fund listed.**

|  |  |
| --- | --- |
| Completed by (signed): |  |
| Please print name: |  |
| Position: |  |
| Email address: |  |
| Date completed: |  |

*Please note LPPA should be informed, in a timely manner, of any users that leave the fund so their account can be deleted.*

*\*Please delete as appropriate*