

**AUTHENTICATION OF CLIENT INSTRUCTIONS**

*Designation of Authenticators Form*

Client / Legal Agreement Name: City of New Haven CERF and P&F Plans  
*(clients may opt to designate their authenticators at the client level or the individual legal agreement entity level)*

The individuals named below are designated to authenticate client instructions as required under Northern Trust’s Call Back process. (Minimum of 3 names recommended)

Authenticator(s)	Telephone Number(s)	Mobile Number*
Leanna Ambersley	203-946-8296	
Taylor Cannon	203-946-7884	
Eva Crabtree	203-946-6388	
Michael Gormany	203-946-6413	
Joseph Montagna	203-946-6973	
*Mobile (alternate) phone numbers are requested for business continuity circumstances.		

Please consider the following, for purposes of designating the appropriate authenticators:

- The individuals listed above are authorized to participate in the callback process.
- The Client will ensure timely maintenance of its list of authenticators, both the presence of active authenticators and the accuracy of the information provided for each authenticator. Further, the Client will ensure authenticators are available and have the information necessary to authenticate an instruction in a timely manner.
- This form will remain in effect until Northern Trust receives an updated Designation of Authenticators form that has been dated and signed by a duly authorized person and shall replace and supersede any prior Designation of Authenticators form communicated to Northern.
- Northern Trust will perform a callback for subsequent updates to the Designation of Authenticators form when updates are received by Northern. The process will follow the standard callback process.

Initial here, if you are rejecting Northern Trust’s standard separation of duties control which requires someone other than the signer of the client instruction to facilitate the callback process, and thereby you are permitting an authorized individual to authenticate instructions that they have signed.

The undersigned warrants that they are authorized by the client to identify or delegate to persons the responsibilities associated with authenticating transactions.

**For Client Completion (must be an authorized signer for covered entities) By:**

Leanna Ambersley		
Print Name	Signature	Date