

The Northern Trust Company Benefit Payment Authorization

Client Name: City of New Haven #1526

Pursuant to the trust or custody agreement governing the relationship between The Northern Trust and the Client, the undersigned has the authority to direct the payment of benefits, loans, or other distributions due participants from the related trust or custody account(s). The individuals whose names appear below have been duly authorized to direct The Northern Trust with respect to: (i) the payment of benefits, loans, or other distributions due participants from the trust or custody account; (ii) vendor set up and maintenance; and (iii) administrative forms or activities such as Client or Plan set up or closing forms. These individuals are also designated to authenticate directions (per the Benefit Payment Service Agreement), which represent only those plans listed on the bottom and/or back of this document:

Name	Telephone No. Include Country and Area Codes, as appropriate
Leanna Ambersley	203-946-8296
Taylor Cannon	203-946-7884
Eva Crabtree	203-946-6388
Michael Gormany	203-946-6413
Robin Ladson (Medical Benefits)	203-946-7157
(Print/Type Name)	

Northern Trust recommends that at least 3 individuals be designated in order to ensure adequate coverage. This form will remain in effect until Northern Trust receives an updated Benefit Payment Authorization that has been dated and signed by a duly authorized party.

The Northern Trust may act on instructions which have the signature(s) of
 any one or any two or _____
of the above named individuals. (Please check one of the above)

Signed this _____ day of _____, 20__.

Authorized Signature: _____ Capacity: Plan Administrator

Authorized Printed Name: Leanna Ambersley
(Capacity as either -- Employer, Trustee, Plan Administrator, or Committee Member)

All Plans Plan Numbers as described below, please use Page 2 for Additional Plans

Plan NO. _____ Plan Name: _____

Plan NO. _____ Plan Name: _____

Relationship/Account Manager _____ Date _____

RM/AM/ Printed Name: _____

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Additional Plans

Plan NO. _____ Plan Name: _____

Plan NO. _____ Plan Name: _____

Plan NO. _____ Plan Name: _____

Plan NO. _____ Plan Name: _____

Plan NO. _____ Plan Name: _____

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Plan NO. _____ Plan Name: _____

Plan NO. _____ Plan Name: _____

Plan NO. _____ Plan Name: _____

Plan NO. _____ Plan Name: _____

Plan NO. _____ Plan Name: _____

Authorized by: _____ Date: _____

If space is needed for additional plans, please make a copy(s) of this page and attach.

Relationship/Account Manager: _____ Date _____

RM/AM Printed Name: _____