

Internet Access Agreement

Office of Superintendent of Insurance

Company Name: _					
Address:					
City, State, Zip:					
Tax ID Number:					
I, an Individual authorized Access for the following ir the use of this site. I furthe	by the Compandividual(s) states acknowledged account information in the contract of the contra	any Authorization Roated below. I acknow the that I will assume formation as outlined	er person(s) to access the forms and the second of the sec	setup and/or remove Internet Conditions of Service that govern to maintain the confidentiality of the	ne
Name of Authorized	Signer:	(Must be an Individual(s) authorized by the Company Authorization Resolution)			
Title:					
Telephone Number:					
E-mail Address:					
X					
Signature (An Indiv	idual(s) autho	rized by the Compa	ny Authorization Resolution)	Date	
Add Delete User	's Name		E-mail Address	Account Number(s)	For E-stmts
Please mail forms to:	PO Box	lan Snow	Overnight Address:	Century Trust ATTN: Alan Snow 100 S Federal Place Santa Fe, NM 87501	

Should you have any questions, please contact: Alan Snow (505) 995-1210 or by e-mail alan.snow@mycenturybank.com, Debbie Guillen (505) 995-1211 or by e-mail debbie.guillen@mycenturybank.com or Melissa Wiggins (505) 995-1213 or by e-mail melissa.wiggins@mycenturybank.com