

My Everence for Organizations Enrollment

Mennonite Retirement Trust



Return this completed form to Everence Retirement Services at Everence, mrt@everence.com or P.O. Box 483, Goshen, IN 46527.

Access to My Everence for Organizations

My Everence for Organizations offers online access to your MRT plan. This includes access to MRT documents, access to plan and participant information, and the ability to make contributions to the plan.

Organization information

Organization _____ Date _____

Address _____
Street City State ZIP

User's information

Name _____ Preferred first name _____
First Middle Last

Title _____

Email address _____ Birth date _____

Phone _____

Identifying information: Social Security number (last four numbers) or Social Insurance Number _____
(Required to confirm a user's identity for future inquiries and to keep your plan's information private and safe.)

Name of authorized signer _____ Date _____

Signature of authorized signer _____

Internal use only

Group Client ID # _____

Individual Client ID# _____

Everence

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