

Contact Details and Security Information Form

Please send a signed copy of this completed form to your Center's AIARC coordinator by email.

This form provides AIARC with information to contact you or your emergency contacts in case of an emergency and provides answers to security questions to assist in preventing unauthorized access to your AIARC Participant Account.

Participant Name: (Surname, First, Middle)

Have you worked at any Center(s) previously? No Yes (Name the three most recent Centers with year of separation.)

Personal Information (Permanent Mailing Address) Street Address: ZIP/Postal Code: Town/City: Region/State: Country: Personal Email: Personal Phone: **Emergency Contact Information** 1. Name: (Surname, First, Middle) Relationship: Street Address: Town/City: Region/State: ZIP/Postal Code: Country: Personal Email: Phone: 2. Name: (Surname, First, Middle) Relationship: Street Address: ZIP/Postal Code: Town/City: Region/State: Country: Personal Email: Phone: Identity Security Questions – Please answer at least five questions from the list below. If needed, you may write your own identity security questions in the blank space below. AIARC will use these answers to verify that you are in fact the account holder when you change bank accounts or withdraw funds from your retirement account. 1. In what city or town were you born? 2. What is your grandmother's first name? 3. What was the make and model of your first car? 4. As a child, what did you want to be (job occupation) when you grew up? 5. In what city or town was your first job? 6. What was the name of the organization where you had your first job? 7. What was the name of your primary (elementary) school? 8. What year did you graduate from secondary (high) school? 9. What was your favorite subject in secondary (high) school?

2. What was your havorite subject in secondary (high) school.	
Write your own identity security questions and provide answers for them below.	
1.	
2.	
Participant Signature	Date