

Liberty Mutual Statements Portal Authorization Form

This form will grant access to a secured extranet reporting site at Liberty Mutual. **Complete top section & sign authorization section to obtain User account.** Complete Opt Out section **ONLY** if you **do not** want online access.

Information for the person who will access the site

This person will receive:

- A welcome email with important information that should be saved, including instructions, user name, password, password and security question reset links

PLEASE PRINT

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Payee Name

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First name Last name *of person who will access site*

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Telephone number of person who will access site

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E-mail Address of person who will access site

Authorization Agreement for Electronic Documentation Access

I hereby authorize Liberty Mutual to initiate the electronic documentation of sales transactions and other pertinent details of the Payee stated above. **The individual listed above will be the sole person responsible for the retrieval of this information.**

Authorization Name (Print)

Title (Print)

Authorization Signature on Account

Date

Select Type of Setup Request

- New user setup Additional NEW user
- User replaces a current user Name of old user: _____

Remit Completed Form to:
Liberty Mutual Insurance Group
Partnership Compensation Support, MS 03D
150 Liberty Way Dover, NH 03820

Opt Out of Liberty Mutual Paperless Policy

We do not wish to participate in the Online Statement service.

Signature

Date

Or scan and forward to:

E-mail PartnershipCompensationSupport@LibertyMutual.com

Questions?

E-mail PartnershipCompensationSupport@LibertyMutual.com

INTERNAL USE ONLY

Payee ID	USERID	Marketing Mgr	Welcome Email Sent