

1024 Florida Central Pkwy Longwood, FL 32750 Phone: 407-682-4111

Fax: 407-682-5511 www.TrustAGED.org

Online Access Form

Trust Account / Client Name:	
account balances, and activity, will be avaireserves the right to determine who is an ar	(statements), disclosures, limitations notices and other notices, ilable via a secure portal to authorized individuals only. AGED uthorized individual for each account. Once a request is approved, issue via email a secure username, temporary password, and
Email notifications will be sent from True	Link when a new document is available for viewing.
Beneficiary Advocate / Individual requesti Name:	<u> </u>
Email Address: Telephone Number:	
Please select one of the options below for p	
☐ Discontinue printed statements. I no lor via the secure online portal.	nger wish to receive statements by mail. I will view my statements
☐ Continue printed statements. I wish to be statements via the online secure portal.	nave statements mailed to me as well as have access to view
accounting or other written report of the tr	tion for breach of trust based on matters disclosed in a trust rustee may be subject to a six (6) month statute of limitations from the itten report of a trustee posted to the electronic account or website, ount or website or the documents.
You may amend or revoke this authorizate provided below.	ion at any time by contacting AGED via mail, email or fax as
Please sign and return this form to AGED Mail: 1024 Florida Central Pkwy, Longwo	using one of the following methods: ood, FL 32750 Email: <u>info@TrustAGED.org</u> Fax: 407-682-5511
Signature	Date
Printed Name	

Online Access Form Revised: 03/04/2025