

Paychex FlexSM Enrollment Form For Financial Advisors www.paychex.com/advisors

Create New Account (All fields are required unless otherwise specified)

Financial Advisor Information

Name _____	M (Optional) _____	
Street Address _____		
City _____	State _____	ZIP _____
Email Address _____		
Company Firm Name _____		
Broker Branch ID (if applicable) _____		
Broker Rep ID (if applicable) _____		
Broker Dealer Firm Name (if applicable) _____		
CRD Number (if applicable) _____		

Login and Security Information (Date of birth and phone number are required for the self-username/password reset option within Paychex Flex)

User Name First Choice _____ (Between 8 - 18 characters must contain one number)
User Name Second Choice _____ (Between 8 - 18 characters must contain one number)
What is your date of birth? _____ (Please provide full date of birth xx/xx/xxxx - Required to complete online setup)
What is your phone number? _____ (Required to complete online setup)

Signature _____ Date _____

Within three business days after receipt of a completed and accurate enrollment form, an email will be sent to the email address provided above. Click on the link within the body of the email to complete the registration. The date of birth and phone number entered above will be required to complete the online registration setup.

Return this form to: Email: FAsupport@paychex.com
Fax to: 585-389-7704