

# Plan Service Center Authorization Form

This form is used to request usernames and passwords to establish Plan Service Center ("PSC") access. The PSC is the primary tool used by the Plan Sponsor, as identified in Part I, and any authorized third parties for on-line contribution processing, obtaining plan and participant data, requesting/downloading plan files and reports, and approving on-line disbursements. The Plan Sponsor agrees to notify Service Provider in the event that the Plan Sponsor desires to terminate PSC access for any user. The identified users listed below will receive an e-mail notification when their PSC authorization request has been completed.

## Part I: PLAN SPONSOR CONTACT

Plan Name:		Plan Number:	
Contact Name:		Pay Center: (if applicable)	Division:
Contact Email:		Contact Phone/Ext:	
Address:			
City:	State:	Zip Code:	
Relationship Manager (RM):		RM Phone/Ext:	
RM Email:			

## Part II: PLAN SERVICE CENTER (PSC) LOGIN REQUEST

ACCESS LEVELS AVAILABLE
<b>INQUIRY:</b> Includes the ability to view plan and participant information, compliance information, order reports, and print forms. Inquiry access is provided by default.
<b>OPTIONAL UPDATE ACCESS:</b> One of the following update access levels can be added in addition to inquiry access. <ul style="list-style-type: none"> <li>• <b>Plan and Participant Update:</b> Includes the ability to enter, alter, or delete participant information.</li> <li>• <b>Payroll Contribution, Plan and Participant Update:</b> Includes the ability to remit payroll contributions, pay plan expenses (if applicable), update plan ACH banking information, and the ability to enter, alter, or delete participant information. <i>(Please note: Contribution Processing provides the authority to debit applicable bank accounts to fund participant contributions and pay plan expenses.)</i></li> </ul>
<b>OPTIONAL COMPLIANCE UPDATE ACCESS:</b> Allows a user to update compliance information, upload the census files, submit the form 5500, and approve compliance corrective distributions for participants.
<b>OPTIONAL TO DO LIST ACCESS:</b> <ul style="list-style-type: none"> <li>• <b>View Only:</b> Includes the ability view pending participant disbursements and notices.</li> <li>• <b>Update:</b> Includes the ability to authorize pending participant disbursements and clear notices.</li> </ul>

To obtain access to Plan information through PSC, please complete the following (addendums may be attached as needed). If no box is checked, Inquire Access as defined above will be provided by default.

1) Name:		Current PSC Username (if applicable)	
E-Mail Address:		Phone:	
User Type: Check One	Plan Employee: <input type="checkbox"/>	Other: <input type="checkbox"/> _____	
<b>A) Inquiry Access as defined above is provided by default.</b>			
<b>B) Optional Update Access:</b> Select only one option. Update access will not be provided if a selection is not marked.		B1: <input type="checkbox"/> Plan and Participant Update B2: <input type="checkbox"/> Payroll Contributions, Plan and Participant Update	
<b>C) Optional Compliance Update Access:</b> <input type="checkbox"/> Compliance Update access will not be provided if this option is not marked.			
<b>D) Optional To Do List Access:</b> Select one option. To Do List access will not be provided if a selection is not marked.		D1: <input type="checkbox"/> View Only D2: <input type="checkbox"/> Update	

2) Name:		Current PSC Username (if applicable)	
E-Mail Address:		Phone:	
User Type: Check One	Plan Employee: <input type="checkbox"/>	Other: <input type="checkbox"/> _____	
A) <b>Inquiry Access as defined above is provided by default.</b> This access is what will be provided if no other selections below are marked.			
B) <b>Update Options:</b> Select all that apply.		B1: <input type="checkbox"/> Update Plan and Participant Information B2: <input type="checkbox"/> Update Compliance Information	
C) <b>Contribution Processing:</b> <input type="checkbox"/> (Note: if this option is mark, update plan and participant information will be provided.)			
D) <b>To Do List:</b> Select one option. If nothing is selected, no To Do List access will be provided.		D1: <input type="checkbox"/> View Only D2: <input type="checkbox"/> Update	

3) Name:		Current PSC Username (if applicable)	
E-Mail Address:		Phone:	
User Type: Check One	Plan Employee: <input type="checkbox"/>	Other: <input type="checkbox"/> _____	
A) <b>Inquiry Access as defined above is provided by default.</b> This access is what will be provided if no other selections below are marked.			
B) <b>Update Options:</b> Select all that apply.		B1: <input type="checkbox"/> Update Plan and Participant Information B2: <input type="checkbox"/> Update Compliance Information	
C) <b>Contribution Processing:</b> <input type="checkbox"/> (Note: if this option is mark, update plan and participant information will be provided.)			
D) <b>To Do List:</b> Select one option. If nothing is selected, no To Do List access will be provided.		D1: <input type="checkbox"/> View Only D2: <input type="checkbox"/> Update	

**Part III: PLAN SERVICE CENTER (PSC) CLIENT ADMINISTRATION AGREEMENT**

By signing this form, the Plan Sponsor agrees that the User Names listed are authorized to use the PSC. Further, the Plan Sponsor hereby agrees to notify each of the User Names listed to maintain the confidentiality of logon and password information provided and to not share such information with any third parties.

<b>Authorized Plan Representative:</b>	
Signature: _____	Print Name: _____
Title: _____	E-mail: _____
Phone #: _____	Date: _____

Note: If the plan has pay centers and/or divisions with different contacts, please complete one login form for each pay center and/or division.

**Please complete and fax or email to Service Provider.**

**Fax Number: (303) 123-4567**

**Email: [discard@retirementpartner.com](mailto:discard@retirementpartner.com)**