

Signature authorization form

Plan name _____

Plan number _____

Contact role client administration agreement

The following authorized plan representative(s) are authorized to provide direction and approval on behalf of the plan sponsor and plan administrator. This authorization applies to all direction and approvals required with respect to the administration and recordkeeping of the plan. We recommend at least two representatives be authorized to sign at all times. Complete additional forms as necessary.

The plan sponsor acknowledges and agrees that this goes into effect within a reasonable amount of time after good order receipt.

Current authorized signer's signature _____

Date _____

SIGNATURE AUTHORIZATION

Addition - sample signature of new individual required Deletion			
Name	Subsets (if applicable)	All	Restrict access to: (enter below)
Address	Division(s) _____		
City, State ZIP	Pay center(s) _____		
Phone	Sample signature of new signer		
Email address			
Employer (if different from plan)			
Current PSC username (if previously issued)			

Return completed forms to: AuthorizedSigner@retirementpartner.com

SIGNATURE AUTHORIZATION (optional)

Addition - sample signature of new individual required			
Deletion			
Name	Subsets (if applicable)	All	Restrict access to: (enter below)
Address	Division(s) _____		
City, State ZIP	Pay center(s) _____		
Phone	Sample signature of new signer		
Email address			
Employer (if different from plan)			
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SIGNATURE AUTHORIZATION (optional)

Addition - sample signature of new individual required			
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Name	Subsets (if applicable)	All	Restrict access to: (enter below)
Address	Division(s) _____		
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