|  |  |  |  |
| --- | --- | --- | --- |
| Plan Number:  |       | Effective Date of Change: |       |
| Plan Name:  |       |  |  |

Complete All applicable sections. Please allow 5 business days for processing.

|  |  |
| --- | --- |
| **1**  | **ADD – Complete this section to ADD a new authorized plan signer(s).***Please reference procedures if levels of authorization are required. Please print or type.* |

|  |  |
| --- | --- |
| Name:       | Authorized Signature (signature required here): |
| Address:       |
| City:       |
| State:       Zip:        | Level of Authority: **[ ]** ALL **[ ]** Divisional |
| Phone:       Fax:       |
| Email:       | Division # (if applicable)       |

|  |  |
| --- | --- |
| Name:       | Authorized Signature (signature required here): |
| Address:       |
| City:       |
| State:       Zip:        | Level of Authority: **[ ]** ALL **[ ]** Divisional |
| Phone:       Fax:       |
| Email:       | Division # (if applicable)       |

|  |  |
| --- | --- |
| **2**  | **REMOVE – Complete this section to REMOVE existing authorized plan signer(s).***Please print or type.* |

|  |  |  |
| --- | --- | --- |
| **Names to be removed**  |  |  |
| 1. |       | **[ ]**  | By checking this box, the listed Authorized Signer access to the Plan Service Center (PSC) access will be removed as well. |
| 2. |       | **[ ]**  | By checking this box, the listed Authorized Signer access to the Plan Service Center (PSC) access will be removed as well. |
| 3. |       | **[ ]**  | By checking this box, the listed Authorized Signer access to the Plan Service Center (PSC) access will be removed as well. |

|  |  |
| --- | --- |
| **3**  | **Authorization: By signing below I am authorizing the changes as requested in this form.***I, the approved authorized signer am authorized to grant/remove the access being requested.* |

|  |  |
| --- | --- |
| **Option 1:** Authorized Signature:  |  |
|       |       |
| Print name of Authorized Signer |  | Date |

**Option 2**: Electronic signature – available for e‐mail requests only ***(Note: This request will only be processed if received from the e‐mail account assigned to the Authorized Plan Signer listed below.)***

[ ]  By checking this box, the listed Authorized Signer below is providing electronic approval.

|  |  |
| --- | --- |
|       |       |
| Print name of Authorized Signer |  | Date |

# PLEASE COMPLETE AND EMAIL OR FAX TO METLIFE

**plandocgroup@metlife.com** **OR Fax: 855-691-4875**