

This form is to be submitted for general administrative changes. All other financial, plan document or Agreement related changes are handled by submitting an Authorization to Complete a Plan Change Form or other form and following the instructions on that form.

1

Plan/Requester Information *Please type or print clearly.*

Plan Name

Plan Number

Requestor name

Requestor phone number

/

Requestor email

Effective date of Chg (Pls allow for 30 days to implement)

2

Reason for Request *Please choose applicable options for administrative plan changes and complete all required accompanying forms as defined for each option.*

Add To Do List on PSC

Include the revised PSC Authorization Form and Signature Authorization Form

If the plan requires Spousal Consent, do they wish to approve via the To Do List?

☐ Yes ☐ No ☐ N/A

The plan will be set up with all of the following approval options that apply, based on the response above.

☐ Termination Date ☐ Vesting ☐ Spousal Consent ☐ Final Approval

Note: If the plan approves Spousal Consent via the To Do List, the Plan Sponsor is responsible for verifying that spousal consent has been obtained.

Add or Change Logo

Check all applicable

☐ Participant Statement - Camera ready art or TIF file or BMP file included - Black and white - no shading
☐ Participant Website - .gif or .jpg file included

Add Transfer/Allocation Restriction

Termination Date
(if applicable)
Investment Option
Fund Name

Maximum
Transfer/Allocation %
Fund SDIO Code

Note: The transfer/allocation restriction will apply to all deposit types, and money types for the investment options for each Participant in the plan.

Add Special ER Directed Money Rule

Check one option only

☐ Add transfers out rule - transfers out allowed at any time
☐ Add 100% vested rule - transfers out allowed after participant is 100% vested
☐ Add specific age rule - transfers out allowed after participant is age _____
☐ Add 100% vested/age rule - transfers out allowed after participant is age _____ & 100% vested

Remove Plan File Validation services from upload process

☐ Turn off all Plan File Validation services.

Plan Enrollment Code (PEC) functionality to the plan

- ☐ Add
☐ Change
☐ Terminate
☐ Reset Enrollment Code

Does the plan have multiple divisions or subsets? YES ☐ NO ☐

If **YES**, please designate a default division to capture all new enrollments. Participants will be defaulted into the default division set up on the plan unless the plan identifies a separate default division to capture all new enrollees.

Default Division Number_____



Deferral File Recipient - required

Name_____

PSC User ID_____

Deferral Feedback File Frequency and Day of the week – default is weekly, delivered on Friday

Frequency (weekly, monthly, quarterly)_____

Day of the week _____

Add Contribution Processing Functionality This option enables the Plan Representative to initiate/process plan payrolls, with both access to and authority to debit applicable bank accounts.

Please note: A PSC User ID to the Plan Service Center website with contribution processing access is required. The PSC Authorization form must be provided if you currently do not have a valid user ID or if your access needs to be updated.

[] Payroll Frequency ☐ Weekly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Monthly

[] Remittance Payment Option ☐ Check ☐ Wire ☐ ACH (ACH Funding Authorization Form must be provided)

☒ First Payroll Date:_____ (Implementation of this option requires a 30 day set up period following receipt of completed form)

Payroll Center:_____

Payroll Division:_____

3**Required Authorization**

At least one Authorized Signature is required.

Authorized Plan Sponsor Signature

Date

MetLife Personnel Signature

Date

4**Submission**

Return completed and signed Administrative Change Request Form to the MetHome Plan Services Team

Email: MetHome@retirementpartner.com or Fax: 303-801-6021