

For plans that have not previously been established in the recordkeeping system, and are now requesting Compliance Services please complete the Plan Service Center (PSC) Compliance Services Only Plan Access Request form to establish a PSC user ID. A PSC user ID is required to electronically complete and submit compliance testing data.

**\*Please allow 6-10 business days to establish a plan with Compliance services only.**

### SECTION 1

#### 1 Plan Information

Company Name:		IRS Code:	
Contact Name:		Contact Phone/Ext:	
Contact Email:		Contact Fax Number:	
Address:			
City:	State:	Zip Code:	
EIN:	Plan Effective Date		
Plan Year End:	Service Effective Date:		
Plan Year to Begin Testing:	3-Digit IRS Plan Number:		
Annuity Requestor:	Annuity EGN/Plan Number:		

#### 2 Services Provided

<input type="checkbox"/> Year-end Non-discrimination Testing 401(k) ADP Testing 401(m) ACP Testing 410(b) Coverage Testing 402(g) Deferral Limit Testing 415(c) Annual Additions Testing 416 Top Heavy Testing 414(s) Compensation Ratio Testing  <input type="checkbox"/> Mid Year (On-Demand) Testing* 401(k) ADP Testing Only 401(m) ACP Testing Only  <p>*Note: This service to be discussed with FAScore prior to testing.</p>	<input type="checkbox"/> Other Services (subject to additional charges) _____ _____  <input type="checkbox"/> IRS Letter of Determination (subject to additional charges)  <b>ADP/ACP Testing Method</b> <input type="checkbox"/> Current Year Method <input type="checkbox"/> Prior Year Method <input type="checkbox"/> Safe harbor  <input type="checkbox"/> 5500 preparation and Summary Annual Report
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## 3

## Plan Contact(s)

<input type="checkbox"/> Add contact <input type="checkbox"/> Remove contact <b>Primary Compliance Contact (COC)</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____  Phone: (____) ____ - ____ Fax: (____) ____ - ____  E-mail: _____	<input type="checkbox"/> Add contact <input type="checkbox"/> Remove contact <b>Secondary Compliance Contact (CSC)</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____  Phone: (____) ____ - ____ Fax: (____) ____ - ____  E-mail: _____
<input type="checkbox"/> Add contact <input type="checkbox"/> Remove contact <b>Secondary Compliance Contact (CSC)</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____  Phone: (____) ____ - ____ Fax: (____) ____ - ____  E-mail: _____	<input type="checkbox"/> Add contact <input type="checkbox"/> Remove contact <b>Secondary Compliance Contact (CSC)</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____  Phone: (____) ____ - ____ Fax: (____) ____ - ____  E-mail: _____

## 4

## Additional Documentation

The below documents must accompany the Compliance Services request form to establish service:

- ☐ Copy of current Plan Document  
(and copy of recent amendment if applicable)
- ☐ Prior year testing results (most recent)
- ☐ Prior year 5500 (most recent)  
(or copy of recent amendment if applicable)

30 days prior to plan year end you will be contacted by your assigned Compliance analyst. Should you have any questions in the interim please contact compliance at: [metcomp@retirementpartner.com](mailto:metcomp@retirementpartner.com).

## SECTION 2

This section of the form is used to request user IDs and passwords to establish Plan Service Center (PSC) access for plans with Compliance Services only.

### 1 PLAN SPONSOR CONTACT

Plan Name:	Plan Number:
Contact Name:	Contact Phone: Ext:
Contact E-mail Address:	

### 2 PLAN SERVICE CENTER (PSC) LOGIN REQUEST

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.

1) User Name:			E-Mail Address:
User Type: Please Check One			Phone #:
Client Employee: <input type="checkbox"/>	TPA: <input type="checkbox"/>	Other: <input type="checkbox"/> _____	
A) Compliance Services Only			
2) User Name:			E-Mail Address:
User Type: Please Check One			Phone #:
Client Employee: <input type="checkbox"/>	TPA: <input type="checkbox"/>	Other: <input type="checkbox"/> _____	
A) Compliance Services Only			
1) User Name:			E-Mail Address:
User Type: Please Check One			Phone #:
Client Employee: <input type="checkbox"/>	TPA: <input type="checkbox"/>	Other: <input type="checkbox"/> _____	
A) Compliance Services Only			

### 3 Plan Authorization

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

**Option 1:** Plan Sponsor Signature \_\_\_\_\_

Print name of Plan Sponsor 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 Plan Sponsor Contact listed below.**)

☐ By checking this box, the listed Plan Sponsor Contact below is providing electronic approval.

Print name of Plan Sponsor Signer \_\_\_\_\_

**PLEASE COMPLETE AND EMAIL OR FAX TO METLIFE**

[plandocgroup@metlife.com](mailto:plandocgroup@metlife.com)

**Fax: 855-763-3272**