

Plan Service Center (PSC) Compliance Services Only Plan Access Request

This form is used to request user IDs and passwords to establish Plan Service Center (PSC) access for **Compliance Services only plans**. This form is to be used to add/change A PSC User ID is required to access and electronically submit Compliance Information for testing. The Plan Sponsor identified in Part I agrees to notify PSC in the event that any of the below users' access is terminated. The identified users listed below will receive an e-mail notification when their PSC authorization request has been completed.

1	PLAN SPONSOR CONTA	СТ				
	Plan Name:		Plan Number:			
ŀ	Contact Name:			Contact Phone:	Ext:	
-	Contact E-mail Address:					
L						
2	PLAN SERVICE CENTER	(PSC) LOGIN REQUEST				
No		•	rent contacts, plea	ise complete one login form for ea	ach pay center and/or	
	1) User Name:			E-Mail Address:		
				Phone #:		
	User Type: Please Check One	Client Employee:	TPA:	Other:		
A) Compliance Services Only						
ŀ	B) REMOVE Compliance Access :					
Ī	2) User Name:			E-Mail Address:		
				Phone #:		
	User Type: Please Check One	Client Employee:	ТРА: □	Other:		
A) Compliance Services Only						
	B) REMOVE Compliance Access :					
3 PLAN SERVICE CENTER (PSC) CLIENT ADMINISTRATION AGREEMENT						
]æ• æ)å [-Á&	•, [¦åÁsj-{¦{ ææāj}Á,¦[çãā^àÁsà^ÁÚÙ Á@æç^Ás^ơ:{āj^àÅóœæA*&@æ&&s [}~ãā^}dædāĉÁ^•* dā;*Á;[{Ás@æÁsĕ	ÔÁĐ) ảÁ, địÁ, [cÁ ©Đ ^Á `& SŒ); •ÁĐ ÁĐ] ¦[]¦ãĐC ^Á} ả^¦Á© Á, cQ ¦ã ਕਈ); BÁV ©Đ ÁĐ&&^•Á, đ pađaĐa ^ÁGQ [** ©ÁO ÁJÙÔÆÐ Á	[¦{ææā[}Á¸ão@Áæ)^Á æ)Áæ)åÁæ]] ã&æà ^Á; Á^{æã[Á§Á]Jæ&^Á;}	Ás@ÁN•^¦•Ápæ{ ^•ÁpērcºåÁţÁ;æ\$;cæ\$; @ãåÁ;ædœ?•ÈÁQÓæ{ Áæēc@¦ā^åÁţÁ!æ; æ;ÈÁQÓæ&}}[¸ ^å*^Áv@ærÁ;^Á&[{]æ;° œäÁT^cŠã^ÁæiÁşi-{¦{^åÁ;c@¦¸ã^ÁgiÁ; œäæÁæ;àÁ;ā]Ás^Ád^ææ^åÁæiÁ*&@Ái~&@Ás	c/sc@Ás&&^••Ás^ā;*Á^``^•c^å Æs Á^•][}•ãa ^Á[¦Ásò;^Ás¦^æ&α ¦ãa∄;*ÈÁGÁs&\}[, ^å*∧Ás@æÁsh /	
	Print name of Plan Sponsor Signer Date					
	Print name of Plan Sponsor Signer					
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 All All All All All All All All All Al					

PLEASE COMPLETE AND EMAIL OR FAX TO PLAN TECHNICAL SUPPORT - SECURITY TEAM

EMAIL: security@retirementpartner.com FAX NUMBER: (303) 801-5228