

**Partner*Link* Third Party Administrator (TPA) Authorization**

This form is used to request user IDs and passwords to establish PartnerLink access. PartnerLink is the primary tool used by Authorized TPAs, as identified in Part 2, for on-line contribution processing, obtaining plan and participant data, requesting/downloading plan files and reports, and approving on-line disbursements. This request for access to PartnerLink, if approved, also serves as the consent of named authorized user and Plan Sponsor, as identified in Part 1, to accept delivery of (1) certain notices that confirm participant plan transactions, as may be required under the federal securities laws, consisting of certain personal financial information of participants, such as the relevant date, unit price, number of units and amount with respect to a participant plan transaction, and (2) other documents as may be required by law. If named authorized user and Plan Sponsor no longer consent to receive access to the notices or documents described above and provided electronically in place of paper copies, notice should be provided to the Providing Company indicating the revocation of that consent. The Plan Sponsor agrees to notify MetLife in the event that the Plan Sponsor desires to terminate PartnerLink access for any user. The identified users listed below will receive an e-mail notification when their PartnerLink authorization request has been completed.

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| **1** | **PLAN SPONSOR CONTACT** | | | | |
| Plan Name: | | | Plan Number: | | |
| Contact Name: | | | Pay Center:  (if applicable) | | Division: |
| Contact Email: | | | Contact Phone/Ext: | | |
| Address: | | | | | |
| City: | | State: | | Zip: | |

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| **2** | **PARTNERLINK TPA LOGIN REQUEST –User Access Levels** | |
| **ACCESS LEVELS AVAILABLE:**   1. **Inquiry**: Includes the ability to view plan/participant information, compliance information, file sharing inquiry, order reports and print off forms. Inquiry is the default access. 2. **Full**: Includes all access under Inquiry, plus access to enter, alter, or delete participant information. Update access also allows you to update compliance, file sharing updates and upload census files. | | **ADDITIONAL ACCESS OPTIONS:**   1. **Contribution Processing**: Includes contribution processing and pay plan expenses (if applicable). Please note: Contribution Processing PROVIDES THE ACCESS AND AUTHORITY TO DEBIT APPLICABLE BANK ACCOUNTS. Includes access to enter, alter, or delete participant information. 2. **To Do LIST (TDL):**   **Inquiry**: View items on the To Do List.  **Full**: Authorize items on the To Do List such as distributions and loans.  *Note: Full TDL users must also be an authorized signor* |

**Important Note: If the plan has pay centers and/or divisions with different contacts,**

**please complete one (1) login form for each pay center and/or division.**

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| 1) Name: | | | | |
| Business Email Address\*:  \*No shared or personal email addresses can be used. | | | Phone #: | |
| User Type: Please Check One | Third Party Administrator: | | Other: | |
| A) **Inquiry Access as defined above is provided by default.** | | | | |
| B) Full Access: Please Check All That Apply | | B-1 Plan and Participant Level Data  Yes  No | | B-2: Compliance Level Data  Yes  No |
| C) Contribution Processing: Yes  No  In Order to have Full Access to Contribution Processing, the “Yes” box must be checked Full Access to Plan and Participant Level Data (see B-1) | | | | |
| D) To Do List: Full  Inquiry | | | **Current User ID:** | |

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| 2) Name: | | | | |
| Business Email Address\*:  \*No shared or personal email addresses can be used. | | | Phone #: | |
| User Type: Please Check One | Third Party Administrator: | | Other: | |
| A) **Inquiry Access as defined above is provided by default.** | | | | |
| B) Full Access: Please Check All That Apply | | B-1 Plan and Participant Level Data  Yes  No | | B-2: Compliance Level Data  Yes  No |
| C) Contribution Processing: Yes  No  In Order to have Full Access to Contribution Processing, the “Yes” box must be checked Full Access to Plan and Participant Level Data (see B-1) | | | | |
| D) To Do List: Full  Inquiry | | | **Current User ID:** | |

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| 3) Name: | | | | | |
| Business Email Address\*:  \*No shared or personal email addresses can be used. | | | Phone #: | | |
| User Type: Please Check One | Third Party Administrator: | | Other: | | |
| A) **Inquiry Access as defined above is provided by default.** | | | | | |
| B) Full Access: Please Check All That Apply | | B-1 Plan and Participant Level Data  Yes  No | | | B-2: Compliance Level Data  Yes  No |
| C) Contribution Processing: Yes  No  In Order to have Full Access to Contribution Processing, the “Yes” box must be checked Full Access to Plan and Participant Level Data (see B-1) | | | | | |
| D) To Do List: Full  Inquiry | | | | **Current User ID:** | |

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| **3** | **CLIENT ADMINISTRATION AGREEMENT** |

I, the approved authorized signer of the plan information form, on behalf of the Plan Sponsor, agree to notify each named authorized user to maintain the confidentiality of logon and password information provided by PartnerLink and will not share such information with any third parties. I am authorized to grant the access being requested and have determined that such access is appropriate under the plan and applicable law. I acknowledge that the names authorized users are acting solely on behalf of the Plan Sponsor. I acknowledge that the Plan Sponsor is solely responsible for any breach of confidentiality resulting from this authorization. This access will remain in place until MetLife is informed otherwise in writing. I acknowledge that all plan participant and employee data available through the PartnerLink is considered confidential and will be treated as such by all PartnerLink users.

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| **Option 1:** Authorized Signature: |  | | |
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| 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.

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| Print name of Authorized Signer |  | Date |

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

**EMAIL:** [**security@retirementpartner.com**](mailto:security@retirementpartner.com) **or FAX NUMBER: (303) 801-5228**

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| **Appendix – Additional Access Option Descriptions** | |
| |  | | --- | |  | | **1). Contribution Processing**: Provides the ability to view participant data, order reports, add/edit participant data, process payroll, and update plan banking information for ACH debit.  •View participant data and order reports  •View, add, and edit participant data and order report  •View, add, and edit participant data, order reports, process payroll, and update plan banking information (Please note: Payroll processing provides the authority to debit applicable bank accounts to fund participant contributions.)  **2). To Do List**: Provides the ability to view, edit, and approve participant withdrawal requests, plan/participant notifications, and participant enrollments. \*Note – The Plan Change Form and Signature Authorization Form are also needed to complete To Do List setup.  •View participant To Do List items notifications and enrollments without email reminders  •View participant To Do List items notifications, and enrollments with email reminders  •View, edit, and approve participant To Do List items, notifications, and enrollments with email reminders | |  | | |
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