

Account Correction Request

Plan Information

Plan Name:

Plan Number:

Participant Information

Participant Name:

Participant SSN:

Correction Information

Indicate all relevant information in order to fully instruct the Service Provider on the correction you are requesting. Attach additional pages as needed.
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Instructions and Authorization

I have reviewed and understand the Instructions and Information section attached to this form and I am authorized to request this correction.	
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Plan Representative's Name:	Plan Representative's Title:
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Plan Representative's Signature:	Date:
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Plan Representative's Phone Number:	Plan Representative's Fax Number:
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Instructions and Information Attachment Account Correction Request

When to Use this Form

If you believe a correction is required because of a recordkeeping error made by the Service Provider, please contact your Plan Representative for assistance. Otherwise, please complete the appropriate correction form.

Individual and specific correction request forms are available for the most common requests received by the Service Provider. Each Form has been tailored to provide the necessary information needed to complete the correction accurately and timely.

If a specific Correction Request Form is not available for your scenario, use this form titled "Account Correction Request."

Gains, Losses, and Fees

Due to market fluctuation, gains and losses may occur as a result of this correction.

Losses or calculation fees generated as a result of this correction will be deducted from the Plan.

Gains generated as a result of this correction will be allocated to the Plan's Unallocated Plan Asset account.

A fee may apply to this request in accordance with the Contract/Administrative Agreement.

Before submitting this form, you may want to discuss with your ERISA Consultant.