



PARTNERLINK ACCESS PLAN AUTHORIZATION FORM

Plan Name:	Plan Number:
Completed forms should be returned to:	
CONTACT NAME	PTS Security
MAILING ADDRESS	8515 East Orchard Road, 4T2
CITY, STATE ZIP	Greenwood Village, CO 80111
FAX NUMBER	(303) 801-5228 Email: security@retirementpartner.com

PARTNERLINK AUTHORIZATION FORM

This form is used by the Employer or Plan Sponsor named below to request authorization for its broker-dealers, registered representatives and third party administrators (“TPAs”) to establish user IDs and passwords for access to the PartnerLink System (“PartnerLink”). PartnerLink is the primary tool used by the Employer or Plan Sponsor’s broker-dealers, registered representatives and TPAs for on-line contribution processing, obtaining plan and participant data, requesting/downloading plan files and reports and accessing information regarding compensation. The Employer or Plan Sponsor identified in Part I agrees to notify PartnerLink in the event that any of the below users’ or user firms’ access is terminated. The identified users and user firms listed below will receive an e-mail notification when their authorization request has been completed.

PartnerLink User Access Levels

<p><u>Inquiry:</u> Includes the ability to view plan/participant information, compliance information, order reports, and print off forms. Inquiry is the default access.</p> <p><u>Full:</u> Includes all access under Inquiry plus access to enter, alter, or delete participant information. Update access also allows you to update compliance and upload census files.</p> <p><u>Contribution Processing:</u> 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.</p>	<p style="text-align: center;"><u>TO DO LIST</u></p> <p><u>Inquiry:</u> View items on the To Do List.</p> <p><u>Full:</u> Authorize items on the To Do List such as distributions and loans.</p>
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Part I: EMPLOYER / PLAN SPONSOR CLIENT (“CLIENT”) INFORMATION

Contact Name:	Pay Center:	Division:	(if applicable)
Contact E-mail Address:	Contact Phone:	Ext:	
Relationship Manager (RM):	RM Phone:	Ext:	
RM E-mail Address:			

Part II: BROKER DEALER / REGISTERED REPRESENTATIVE PartnerLink LOGIN REQUEST (SEE BELOW FOR TPA AUTHORIZATION)

To obtain user access to your plan, please complete the following (addendums may be attached as needed):

1) Broker Dealer / Registered Representative Name:		
E-Mail Address:		Phone #:
User Type: Please Check One	Registered Rep/Broker-Dealer: <input type="checkbox"/> Broker-Dealer Name: _____	Third Party Administrator: <input type="checkbox"/> _____ Broker Administrative Staff: <input type="checkbox"/> _____
A) Inquiry Access as defined above is provided by default.		
B) Full Access: Check All That Apply	B-1: Plan and Participant level data: Yes <input type="checkbox"/> No <input type="checkbox"/>	B-2: Compliance Level Data: Yes: <input type="checkbox"/> No <input type="checkbox"/>
C) Contribution Processing: Yes: <input type="checkbox"/> No: <input type="checkbox"/> In order to have Full Access to Contribution Processing, the "Yes" box must be checked for Full Access to Plan And Participant level data (see B-1)		
D) To Do List: <input type="checkbox"/> Full <input type="checkbox"/> Inquiry		Current PartnerLink ID:

Part III: THIRD PARTY ADMINISTRATOR (TPA) FIRM LEVEL PartnerLink LOGIN REQUEST

To permit TPA Firm-level user access to your plan, please complete the following (addendums may be attached as needed):

1) TPA Firm Name and Tax Identification Number:		TPA Contact Person:
E-Mail Address:		Phone #:
The default setup for your TPA firm is to provide Full access to PartnerLink and the To Do List. This access gives your TPA the ability to view and update participant information, view Plan information, and to order reports. It also gives your TPA firm the ability to authorize or update items on the To Do List depending on the workflow selected. If you wish to add contribution process access, or to limit your TPA's access to Inquiry level only, please select below.		
<input type="checkbox"/> Use Default setup listed above	<input type="checkbox"/> TPA-level Inquiry Access only (for PartnerLink & the To Do List)	Contribution Processing: Yes <input type="checkbox"/> No <input type="checkbox"/>
Current PartnerLink ID(s):		

TPAs must use the TPA Authorization Form for Individual User Access to Partnerlink in order to give individual TPA employees or representatives individual-level access to Partnerlink

Part IV: PARTNERLINK CLIENT ADMINISTRATION AGREEMENT

With respect to the TPA Firm-level Authorization above, the Client represents that the TPA is responsible for providing certain administrative and compliance services for the Plan under a separate agreement. In order to implement such services, the Client hereby authorizes the Service Provider to grant the TPA access to Plan and participant information stored on the recordkeeping system or to reports produced by the Service Provider. Such access permits the TPA to update Plan and participant information. The Client has, in a separate agreement, authorized the TPA as its limited agent and hereby directs the Service Provider to construe such directions or certifications by the TPA as Client Instructions.

If the separate agreement between the Client and the TPA is terminated for any reason, the Client shall notify the Service Provider within five (5) business days of such termination, appoint a successor TPA eligible to participate in the Service Provider's TPA program within ninety (90) days after the agreement is terminated and direct the terminated TPA to transfer the Plan's records to the successor TPA selected by the Client.

By signing this form, the Client hereby agrees to the terms and to the responsibilities outlined as the PartnerLink Website Terms and Conditions of Use on PartnerLink. Client also agrees that the User Names listed are authorized to use PartnerLink.

FURTHER, THE CLIENT HEREBY AGREES TO NOTIFY EACH OF THE USER NAMES LISTED TO MAINTAIN THE CONFIDENTIALITY OF LOGON AND PASSWORD INFORMATION PROVIDED BY PARTNERLINK AND TO NOT SHARE SUCH INFORMATION WITH ANY THIRD PARTIES. BY SIGNING BELOW, I CERTIFY THAT I AM AUTHORIZED TO SIGN ON BEHALF OF THE PLAN REFERENCED ABOVE.

Authorized Plan Signor	
Signature: _____	Print Name: _____
Title: _____	E-mail: _____
Phone Number: _____	Date: ____/____/____

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.

4. Internal Use Only:
Commission Account Number: _____
Seller Servicer ID (Broker-Dealer Level Access Only): _____
Are the users identified above granted authorization to access compensation information? Yes <input type="checkbox"/> No <input type="checkbox"/>