



The Power of Partnering™

CLIENT INFORMATION

PLAN SERVICE CENTER AUTHORIZATION FORM

This form is used to request user IDs and passwords to establish Plan Service Center (“PSC”) access. The PSC is the primary tool used by the Plan Sponsor, as identified in Part I, and any authorized third parties for on-line contribution processing, obtaining plan and participant data, requesting/downloading plan files and reports, and approving on-line disbursements. The Plan Sponsor agrees to notify Great-West Retirement Services (GWRS) in the event that the Plan Sponsor desires to terminate PSC access for any user. The identified users listed below will receive an e-mail notification when their PSC authorization request has been completed.

Part I: PLAN SPONSOR CONTACT

Plan Name:		Plan Number:	
Contact Name:		Pay Center:	Division: (if applicable)
Contact E-mail Address:		Contact Phone:	Ext:
Address:			
City:	State:	Zip Code:	
Relationship Manager (RM):		RM Phone:	Ext:
RM E-mail Address:			

Part II: PLAN SERVICE CENTER (PSC) LOGIN REQUEST

PSC User Access Levels

<p><u>ACCESS LEVELS AVAILABLE</u></p> <p><u>Inquiry:</u> Includes the ability to view participant/plan 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.</p>	<p><u>TO DO LIST</u></p> <p>Our plan will utilize the To-Do-List for disbursements</p> <p style="text-align: center;">Accept: <input type="checkbox"/> Decline: <input type="checkbox"/></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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To obtain access to Plan information through PSC, please complete the following (addendums may be attached as needed). If no box is checked, Inquire Access as defined above will be provided by default.

1) User Name:		6-digit Security Code: ____ ____ ____ ____ ____ ____ (This security code is used to verify user identity and may be up to six alpha/numeric characters of your choosing.)	
E-Mail Address:		Phone #:	
User Type: Please Check One	Client Employee: <input type="checkbox"/>	Broker: <input type="checkbox"/>	TPA: <input type="checkbox"/>
Other: <input type="checkbox"/> _____			
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: <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) and the “Yes” box must be checked for Full Access to Compliance level data (see B-2).)			
D.) To Do List: <input type="checkbox"/> Full <input type="checkbox"/> Inquiry (In order to have Full Access to the To Do List, the “Yes” box must be checked for Full Access to Plan And Participant level data (see B-1).)			Current PSC ID:

2) User Name:				6-digit Security Code: ____ ____ ____ ____ ____ ____ (This security code is used to verify user identity and may be up to six alpha/numeric characters of your choosing.)	
E-Mail Address:				Phone #:	
User Type: <small>Please Check One</small>	Client Employee: <input type="checkbox"/>	Broker: <input type="checkbox"/>	TPA: <input type="checkbox"/>	Other: <input type="checkbox"/> _____	
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: <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) and the "Yes" box must be checked for Full Access to Compliance level data (see B-2).)					
D.) To Do List: <input type="checkbox"/> Full <input type="checkbox"/> Inquiry (In order to have Full Access to the To Do List, the "Yes" box must be checked for Full Access to Plan And Participant level data (see B-1).)				Current PSC ID:	
3) User Name:				6-digit Security Code: ____ ____ ____ ____ ____ ____ (This security code is used to verify user identity and may be up to six alpha/numeric characters of your choosing.)	
E-Mail Address:				Phone #:	
User Type: <small>Please Check One</small>	Client Employee: <input type="checkbox"/>	Broker: <input type="checkbox"/>	TPA: <input type="checkbox"/>	Other: <input type="checkbox"/> _____	
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: <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) and the "Yes" box must be checked for Full Access to Compliance level data (see B-2).)					
D.) To Do List: <input type="checkbox"/> Full <input type="checkbox"/> Inquiry (In order to have Full Access to the To Do List, the "Yes" box must be checked for Full Access to Plan And Participant level data (see B-1).)				Current PSC ID:	

Part III: PLAN SERVICE CENTER (PSC) CLIENT ADMINISTRATION AGREEMENT

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

Authorized Plan Representative:	
Signature: _____	Print Name: _____
Title: _____	E-mail: _____
Phone #: _____	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.

Please complete, fax to Great-West, and provide a copy to your financial institution.

FAX NUMBER: (303) 737-4028