SLAVIC401K

PEP Retirement Plan Portal Authorization Form

Retirement Plan Portal provides you on-line access to real time confidential information and reports specific to your 401k plan.

Company Name: _____**Tax Id #:**_____

Option 1 Full Access (Access will be granted for all items listed under Option 2)

☐ **Access to ALL Portal Information**

 * Individuals not authorized to view sensitive internal employee information like compensation, and account balances should not be given this access

Grant this Access to: _____ **Title:** _____
 (Name)

E-Mail Address: _____

Option 2 Limited Access Individuals can be given access to only specific functions, information or reports on the portal.

Select the type of access to be granted:

☐ **Upload Contribution File**: A secure and efficient way of transmitting Contribution Files to slavic401k.com. By filling out a short form, you can expedite the reconciliation process and speed up your contribution. *Information includes employee compensation/account balances. Plan Sponsor Web Access.*

☐ **Databridge**: A means of downloading enrollments and participant changes, such as addresses and deferral rates, entered on the Slavic401k website to your organization.

☐ **Portal Reports**: Up-to-date reports on the details of your plans. *Information includes employee compensation/account balances*. Plan Sponsor Web access on plan-level and employee-level.

☐ **Loan Commencement**: Loan Documents for payroll loan deductions set up.

☐ **Sponsor Express Email:** A monthly Email service that provides the company owner/sponsor with information such as plan assets, testing results, employee participation levels, deferral amounts, matching and/or profit-sharing amounts and the most subscribed to funds among participants.

Grant this Access to: _____ **Title:** _____
 (Name)

E-Mail Address: _____

If you are not an owner, please have an owner or trustee (authorized signer) sign below to authorize access:

Trustee/Owner Name: _____**Title** _____

Trustee/Owner Signature: _____ **Date:** _____

For Internal Use Only: SIA Authorized Signature: _____ Date: _____ _____

Multiple Employer Sponsor name:_____ Plan ID: _____