



## 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: \_\_\_\_\_