



Request for Access to Plan Sponsor Web Site

Questions? Call our National Service Center at 1-800-888-2461

Instructions

Please type or print.

1. Provide the General Information

I validate by my signature below that the individuals identified below are authorized to review Plan information because of their positions as representatives for the Plan. I understand that the Security Benefit Plan Sponsor web site contains confidential participant information such as home addresses and retirement plan account balances.

Plan Name _____

Plan Number _____

X _____
Signature Date (mm/dd/yyyy)

Print Name Title

Email _____

I would like to request that the following individuals and I have access to the Security Benefit Plan Sponsor Site for the above Plan.

	User Name	Title	Email Address
Full Access	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Payroll Access Only	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Audit Access Only	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Mail to:

Security Benefit
P.O. Box 219141
Kansas City, MO 64121-9141
Fax to: 816.701.7626

Visit us online at SecurityBenefit.com