

Questions? Call our National Service Center at 800.747.3942.

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### 1. General Information

This form allows you to use Security Benefit's secure plan sponsor website to access plan and plan participant related information and perform online tasks. If the request is to add a web user that is not the plan administrator, **this form must be signed by the plan administrator**. Once completed, please print, sign and fax, mail or email to Security Benefit. Provide plan name and number below:

Plan Name \_\_\_\_\_ Plan Number \_\_\_\_\_

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### 2. Provide Plan Information

Change address  Change individual authorization

Employer Identification Number (EIN) \_\_\_\_\_

Authorized Individual Name \_\_\_\_\_  
First MI Last

Plan Address: \_\_\_\_\_  
Line 1 Line 2

City State Zip Code

Daytime Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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### 3. Provide Bank Information

New authorization for bank draft  Change banking information

Provide your bank information below. If any information is missing your request may be delayed.

Name of Bank \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

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### 4. Plan Sponsor New Web User Authorization

*Individuals who receive web authorization will have access to confidential plan participant information. Access should be limited to individuals responsible for specific tasks such as contribution remittance, transactions and reports.*

Please add the following individual(s) to my list of authorized web users (choose one role):

Full Access (plan administrator)  Payroll Access only  Audit only

\_\_\_\_\_  
Name Title Email

Choose which plan(s) or locations to provide access

Access to all plans  Access to specific plans / locations indicated below

\_\_\_\_\_

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#### 4. Plan Sponsor New Web User Authorization (continued)

Full Access (plan administrator)  Payroll Access only  Audit only

\_\_\_\_\_  
Name Title Email

Choose which plan(s) or locations to provide access

Access to all plans  Access to specific plans / locations indicated below

\_\_\_\_\_

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Full Access (plan administrator)  Payroll Access only  Audit only

\_\_\_\_\_  
Name Title Email

Choose which plan(s) or locations to provide access

Access to all plans  Access to specific plans / locations indicated below

\_\_\_\_\_

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#### 5. Remove an Existing Web User

Please remove the following individual(s) from my list of authorized web users:

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

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#### 6. Plan Administrator Signature

If you are adding or changing bank information for the plan, by signing below, the Employer hereby acknowledges that it understands and authorizes:

- Security Benefit, or its subsidiaries, to initiate periodic electronic transactions to/from the Employer's bank account as indicated on this form, to reflect the Employer's Plan contribution liabilities for each payroll period, determined in accordance with the terms of the Plan and applicable employee deferral elections. Security Benefit will determine the amount of such contributions based solely upon payroll information provided by the Employer with respect to each payroll period. Security Benefit may make additional attempts to withdraw contribution amounts provided by the Employer if the initial attempt fails. The Employer understands that it will be liable for any costs associated with these additional attempts or costs incurred as a result of incorrect payroll and/or contribution information provided by the Employer.
- This service is established solely for the Employer's convenience. This service may be suspended, terminated or modified at any time. The service will remain in effect until Security Benefit receives notice of intent to cancel from the Employer. The cancellation will be effective within 30 days of receipt of the notice.

I validate by my signature below that the individuals identified above are authorized to review and update Plan information because of their positions as representatives for the Plan. I understand the Security Benefit plan sponsor website contains confidential participant information such as home address and retirement plan account balances:

\_\_\_\_\_  
Printed Name X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title Signature Date (mm/dd/yyyy)

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**Mail to:**

Security Benefit Retirement Plan Services  
PO Box 219141  
Kansas City, MO 64121-9141  
Fax to: 1-816-701-7626

**For expedited or overnight delivery:**

Security Benefit Retirement Plan Services  
801 Pennsylvania Ave Suite 219141  
Kansas City, MO 64105

email: [SecurityBenefit@SSCInc.com](mailto:SecurityBenefit@SSCInc.com)

Visit us online at [SecurityBenefit.com](http://SecurityBenefit.com)

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