



Pension Portal Request for Online Access

Please complete this form for any contact you wish to authorize access to the Pension Portal.
Complete a separate form for each contact you choose to authorize.

PLAN SPONSOR INFORMATION	
Name of Plan Sponsor:	
Please: <input type="checkbox"/> Authorize or <input type="checkbox"/> Delete the following contact for access to the Pension Portal Site	
Retirement Plan Type:	
<input type="checkbox"/> 401(k) <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Davis Bacon <input type="checkbox"/> 403(b) <input type="checkbox"/> ESOP <input type="checkbox"/> Cash Balance <input type="checkbox"/> DB	
CONTACT INFORMATION	
First Name:	Last Name:
Email Address:	
Company Name and Address: <input type="checkbox"/> same as plan sponsor	
CONTACT RELATIONSHIP TO PLAN SPONSOR	
<input type="checkbox"/> Human Resources <input type="checkbox"/> Payroll Provider <input type="checkbox"/> Attorney <input type="checkbox"/> Trustee <input type="checkbox"/> Office Manager <input type="checkbox"/> Financial Advisor <input type="checkbox"/> Accountant <input type="checkbox"/> Director <input type="checkbox"/> Other	
Signature of Newly Authorized Contact:	Date:
Approved by Plan Sponsor: (please print name and title)	
Name:	Title:
Authorized Signature of Plan Sponsor:	Date:

Please FAX the completed form to Qualified Pension Services, Inc. 417-522-7527