

# Plan Data Request Authorization



## Request Initiated by:

Name:		Email:	
Company:			

## Data Requested for the Below Plan(s) (for additional sponsor related plans with the same service providers, complete page 2 of this form)

Plan Name:	
Recordkeeper Plan ID:	
Plan Name:	
Recordkeeper Plan ID:	

## Data Requested from these Service Providers:

### SERVICE PROVIDER

Recordkeeper Company:	Contact Name:
Contact Email:	
TPA Company:	Contact Name:
Contact Email:	
Advisor Company:	Contact Name:
Contact Email:	

## Plan Sponsor Authorization:

Plan Service Providers listed above are hereby authorized to release any and all plan data information **(with the exception of identifiable participant information, such as participant name and social security number, address, date of birth, etc.)** requested by Fiduciary Decisions (FDI) related to the above listed plan(s).

The following is understood related to plan data which could be used in one or more of the following ways: 1) Data will be accessible to the requestor through FDI's systems and where applicable other integrated tools used by the requestor. 2) Data will help the requestor be more efficient in serving their client relationships and/or be used to create plan benchmarking reports. 3) Anonymized plan data will become part of FDI's database and be used to inform benchmark groups of other plans as well as in aggregate research. 4) Resulting benchmarking reports may be viewed by Plan Service providers as part of Fiduciary Decisions' data collection and quality check procedures.

This authorization does not permit the Service Provider(s) to disclose any information to a party other than Fiduciary Decisions, nor does it permit the Service Provider(s) to disclose any information that would violate federal or state privacy laws.

This authorization will remain in effect until otherwise notified.

Name:		Title:	
Company:		Email:	
Signature:		Date:	