## Plan Data Request Authorization



## **Request Initiated by:**

name:				Eman:		
Company:						
Data Requested for the Below Plan(s)						
Plan Name:						
Recordkeeper Plan ID:						
Plan Name:						
Recordkeeper Plan ID:						
Data Requested from these Service Providers: SERVICE PROVIDER						
Recordkeeper Company:			Contact Name:			
Contact Em	ail:					
TPA Company:			Contact Name:			
Contact Em	ail:					
Advisor Company:			Contact Name:			
Contact Em	ail:					
Plan Sponsor Authorization:						
Plan Service Providers listed above are hereby authorized to release any and alll 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 requesto more efficier part of FDI's	r through FD nt in serving the database an	I's systems and where applicable oth heir client relationships and/or used to d be used to inform benchmark group	er integra o create p os of othe	ted tools ι lan bench r plans as	ore of the following ways: 1) Data will be accessible to used by the requestor. 2) Data will help the requestor be inmarking reports. 3) Anonymized plan data will become well as in aggregate research. 4) Resulting benchmarking lata collection and quality check procedures.	
		ot permit the Service Provier(s) to dis er(s) to disclose any information that			on to a party other than Fiduciary Decisions, nor does it all or state privacy laws.	
This authoriz	zation will ren	nain in effect until otherwise notified.				
Name:				Title:		
Company:				Email:		
Signature:				Date:		