

Retirement Plan Online Access Form

Form used to activate online access as plan sponsor for 401(k), profit sharing, money purchase pension, SEP IRA or SIMPLE IRA retirement plans. Once your online access is activated, you will be able to submit your plan contributions online, in addition to viewing plan and select participant information.

Terms and Conditions for Online Access

- You will elect one eight-character operator identification or logon and include it in the appropriate boxes indicated in the plan information section below. There is only one operator identification per plan.
- Upon submission of the sponsor website access form, your online access will be established within five to seven business days. You will not be notified by written or oral correspondence when your account has been activated.
- Your operator identification and password should be kept confidential. It is your responsibility to maintain the integrity and security of your operator identification and password. Please provide the operator identification and password only to those who have a business need to know it in order to service your account(s) and who have agreed to maintain the confidentiality of the operator identification and password in substantially the same manner.
- Please consider carefully who will have access to the operator identification and password, as it will enable you to submit plan contributions and view confidential details of your plan and participant information.
- You agree to contact us to obtain a new operator identification and password in the event that either is compromised or lost, or you wish to withdraw access from a third party.
- A default password, "TRACWEB," has been elected for you. We recommend you change it upon your initial sign-in.

This application will be reviewed and you may be contacted for further information.

Part 1 Plan Information

Please read the terms and conditions for online access above and complete the following:

Plan Name

Plan ID

Tax ID

Operator ID (only eight-characters)

Employer Name

Employer Address

City

State

ZIP Code

Employer Phone Number

Employer E-mail Address

Do you sponsor any other retirement plans? Yes No

Please List

Part 2 Change Plan Administrator Contact

☐ Add with web access ☐ Delete and remove web access

Name

Phone Number

Email Address

☐ Add with web access

☐ Delete and remove web access

Name

Phone Number

Email Address

Part 3 Signature

Plan Name

Plan ID

Tax ID

Operator ID (only eight-characters)

Employer Name

As the plan sponsor of the plan(s) referenced above, I acknowledge that I have read the terms and conditions for online access above. By my signature below, I agree to these terms and conditions.

Employer Signature

Print Name

Date (MM/DD/YYYY)

X

Fax this completed application to 816.474.3938. If you have any questions, call Columbia Retirement Plan Services at 800.799.7526.

For assistance completing this form, please contact a representative at 800.799.7526, Monday through Friday, 8:00 a.m. to 5:00 p.m. Eastern time.

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