

This form is used to request usernames and passwords to establish Plan Service Center (“PSC”) access. The PSC is the primary tool used by the Employer, as identified in Part 1, and any authorized third parties for on-line contribution processing, and requesting/downloading reports. The Employer and the Plan Sponsor agree to notify Empower Retirement in the event that the Employer or Plan Sponsor desire to terminate PSC access for any user. The identified users listed below will receive an e-mail notification when their PSC authorization request has been completed.

## 1. Employer contact

Employer Name			Employer ID Number (Pay Center)		
This is a:	New Contact Setup	Terminate Contact	Change of Contact Information Only	<b>For MSRS use only:</b>	
If new enrollment, indicate the Plan(s) you are enrolling					
<input type="checkbox"/> 98945-01 MNDCP <input type="checkbox"/> 98946-01 HCSP					

## 2. Plan Service Center (PSC) Login Request

Complete the contact information below to obtain access to the Empower Plan Service Center (PSC). The following access will be provided:

The ability to view employer ACH banking information, order reports, and the ability to remit payroll contributions and update participant demographic information. **Please note:** Contribution processing provides the authority to debit applicable bank accounts to fund participant contributions.

### Payroll Contact #1

Name:			
Email Address:		Phone:	
Address:			
City:	State:	Zip code:	
Remove access to	<input type="checkbox"/> MNDCP	<input type="checkbox"/> HCSP	or <input type="checkbox"/> All Plans <input type="checkbox"/> Remove User ID

## Payroll Contact #2

Name:		
Email Address:	Phone:	
Address:		
City:	State:	Zip code:
Remove access to	<input type="checkbox"/> MNDCP <input type="checkbox"/> HCSP <b>or</b> <input type="checkbox"/> All Plans	<input type="checkbox"/> Remove User ID

## Payroll Contact #3

Name:		
Email Address:	Phone:	
Address:		
City:	State:	Zip code:
Remove access to	<input type="checkbox"/> MNDCP <input type="checkbox"/> HCSP <b>or</b> <input type="checkbox"/> All Plans	<input type="checkbox"/> Remove User ID

## HR Contact

Name:		
Email Address:	Phone:	
Address:		
City:	State:	Zip code:
Remove access to	<input type="checkbox"/> MNDCP <input type="checkbox"/> HCSP <b>or</b> <input type="checkbox"/> All Plans	<input type="checkbox"/> Remove User ID

### 3. Part 3 - Plan Service Center (PSC) Employer Agreement

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By signing this form, the Employer agrees that the User Names listed are authorized to use the PSC. Further, the Employer hereby agrees to notify each of the User Names listed to maintain the confidentiality of logon and password information provided and to not share such information with any third parties.

The authorized employer signature must be from someone other than the contacts listed on this form (e.g. Payroll Supervisor, Human Resource Director, Benefit Coordinator).

Authorized Employer name \_\_\_\_\_ Title \_\_\_\_\_

Authorized Employer Signature \_\_\_\_\_

**Employer: Please complete and fax or email to MSRS.**  
**Fax number (651) 297-5238**  
**Email: msrspayrollsupport@msrs.us**

<b>Authorized Plan Representative:</b>	
Signature: _____	Print name: _____
Title: _____	Email: _____
Phone #: _____	Date: _____