



## DATA REQUEST & AUTHORIZATION FORM

Record Keeper:		Contact:	
Address:		Phone:	
City:	St:	Zip:	Email:
TPA:		Contact:	
Address:		Phone:	
City:	St:	Zip:	Email:

### Authorization

I hereby authorized to release any and all plan data information (including identifiable participant information, such as participant name and social security number) requested by iJoin Solutions, LLC (IJS) for purposes of completing an enrollment session(s) for the below-referenced plan(s). This authorization does not permit you to disclose any information to a party other than IJS, nor does it permit you to disclose any information that would violate federal or state privacy laws. This authorization will remain in effect until otherwise notified.

***In addition, this authorization permits IJS to release necessary information to the third party listed here:***

**Third-Party Approved Contact:**

Address:	
City:	St: Zip:
Phone:	Email:



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### Plan Sponsor Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

### Plan Information:

Plan Name: \_\_\_\_\_

Plan EIN/No.: \_\_\_\_\_

### Other Related Plans Approved for Data Release to iJoin Solutions, LLC.

Plan Name: \_\_\_\_\_

Plan EIN/No.: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Plan EIN/No.: \_\_\_\_\_