Broadridge Fi360 Solutions

2 Chatham Centre

Pittsburgh, PA 15219 [www.fi360.com](http://www.fi360.com/)

***WE MAY ALREADY HAVE YOUR DATA!***

Please note, you should not complete or submit the attached authorization form if you are with a **Broker Dealer or RIA aggregator**. Contact fi360integrations@broadridge.com to see if your firm has already been approved for this integration.

**Things you should know.**

1. This is a Firm Level Authorization ONLY. The person in your firm responsible for Third Party Authorization will need to complete this form.
2. Please make sure you are using the Firm Name you use for business with this record keeper please note if you use more than one name you will need to complete a form for each business name represented.
3. We receive a monthly file from Security Benefit that contains month end values. This data is typically received during the 2nd week of the month following month end.
4. Please be sure to enter your CRD number under the [integrations tab](https://fi360.zendesk.com/hc/en-us/articles/235591108-How-To-Request-Integrations-With-A-Provider-Fiduciary-Focus-Toolkit-). This helps us at Fi360 keep track of your request.
5. Copy the document content onto your letterhead and enter the required information.
6. Scan this copy and send to the following emails:
electronic\_services@securitybenefit.com and copy Fi360Integrations@broadridge.com.
7. If you do not see your integration feed within 6 weeks please reach out to Fi360integrations@broadridge.com for an update.

**[Date]**

To: **[Record Keeper]**

RE: Retirement Plan Data Request and Authorization to Transmit Data to FI360 (Third Party Service Provider)

We are utilizing FI360 for our reporting, fiduciary and fee disclosure/benchmarking obligations.

We request that you send data files monthly to FI360. Please include both commission based plans and fee-based plans in the data feed. This letter will be your authorization to discuss with and provide plan data to FI360.

Additionally, we authorize representatives of FI360 to discuss with you, data file layout, file access, and any other activity necessary to facilitate the timely and accurate transmission of plan data at month- end.

# Legal Name of Firm:

**Firm Address:**

**Last 4 digits of firm tax id \*(If multiple tax id’s please list all):**

**Frequency of Report:** Monthly

# Contact Information at Firm:

We value our partnership and want to ensure we are providing the best possible support to our advisors, employers and plan participants.

Sincerely,

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