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 Guideline that contains month end values. This data is typically received during the 1st 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 email it to pro@guideline.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.

**[FIRM LETTERHEAD]**

[Date]

To: [GDL Account Executive]

 Guideline, Inc.

*RE: Authorization to transmit retirement plan data to [DA] (Data Aggregator)*

[GDL Contact Name],

This letter serves as notification that we will be utilizing [DA] for our advisor reporting, fiduciary and fee disclosure obligations.

We request that plan data files be sent to [DA] in future monthly transmissions. Please include all of the 401(k) plans advised by us and recordkept with Guideline in the data feed. This letter serves as your authorization to provide plan data to [DA].

Additionally, [Firm Name] authorizes representatives of [DA] to discuss with you data file layout, file access, and any other activity necessary to facilitate the timely and accurate transmission of plan data. The following firm is covered by this authorization:

**Firm Name:** [Firm Name]

**Firm Address:** [Firm Address]

**Tax ID:** [Firm Tax Id]

**Report Frequency:** Monthly

**Contact Information:** [Firm Contact Name] [Firm Contact Phone] [Firm Contact Email]

We represent, warrant and confirm that we are authorized by the applicable employer(s) or plan sponsor(s) to provide this instruction to you, and we agree to indemnify and hold you harmless against any liability, damages, loss or expense (including reasonable attorney’s fees and court costs) arising from any claim, including those by any employer or plan sponsor, arising out of your compliance with this direction. We acknowledge that all data files will be provided “AS IS” and Guideline does not provide any assurances regarding the accuracy or completeness of the data contained therein. We further acknowledge that Guideline shall not be responsible or liable to any party regarding [DA]’s use of the data or any or errors or omissions contained therein. We represent that [DA] has a duty to maintain the confidentiality of the data and that [DA] shall only use the data as necessary to facilitate our reporting, fiduciary and fee disclosure obligations. We acknowledge and agree that you will rely on this letter of direction as confirmation of each employer/plan sponsor’s consent to the transactions described herein. The below representative is authorized to bind [Firm Name].

Please send files to [DA] in accordance with the instructions provided by them.

Sincerely,

[Firm Name]

[Firm Contact Signature]

Name:

Title:

Date: