Logo

Description automatically generatedBroadridge 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](mailto:fi360integrations@broadridge.com) to see if your firm has already been approved for this integration.

Things you should know.

1. This is a Plan Sponsor Authorization ONLY. The Plan Sponsor for this plan must sign this authorization. This authorization only authorizes 1 plan.
2. This authorization is NOT required if you already have a Firm authorization and/or plan to sign a Firm Level Authorization. You would only want to use this form is a Firm Level Authorization is not applicable. If you already have a Firm Authorization in place and you are missing one of your plans please reach out to [fi360integrations@broadridge.com](mailto:fi360integrations@broadridge.com).
3. We receive a monthly file from Mid Atlantic Trust 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. Please complete both the MidAtlantic Authorization Form (this form needs to be completed on BD/RIA letterhead) and submit to Brian Madison ([bmadison@macg.com](mailto:bmadison@macg.com)) and Gretchen Friday ([gfriday@macg.com](mailto:gfriday@macg.com)) along with a spreadsheet that contains plan names and BIN numbers. Please be sure to include the requested spreadsheet in order for your request to be processed in a timely fashion.
6. If you do not see your integration feed within 6 weeks please reach out to [Fi360integrations@broadridge.com](mailto:Fi360integrations@broadridge.com) for an update.

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93-7800

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Fi360 Data Delivery

Authorization



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| --- | --- | --- | --- | --- | --- |
| Account Name (the “Acc | | | ount”) | Mid Atlantic Account (Bin) Number | |
|  | | |  |  | |
| Financial Consultant Name | Financial  Consultant  CRD Number | Financial  Consultant fi360 Number | RIA or Broker Dealer Firm Name | RIA or Broker Dealer CRD Number | |
|  |  |  |  |  | |
| Financial Consultant Email Address | | | Financial Consultant Phone Number |  | |
|  | | |  |
| Street Address | | | City | State | Zip |
|  | | |  |  |  |

As an authorized signer or agent for the Account, I hereby instruct Mid Atlantic Trust Company (“MATC”), to provide Account level information

(including, but not limited to: Account ID, Account name, Account contact, Account address, Account assets, Security identifiers, Advisor name, Advisor address) to fi360, Inc. (“fi360”), for fi360’s analytical and reporting technology purposes described below. Information to be sent to fi360 is strictly limited to Account level information and does not include any confidential information.

fi360 provides analytical and reporting technology to advisors across the United States who in turn provide investment advice and consulting services. Account level information provided to fi360 is used to ensure accurate and timely data is used in Account analysis and reports. The data provided is intended solely for use by the Account’s advisor when conducting consulting services for the Account. The Account owner understands that fi360 is not affiliated with MATC, and will hold MATC harmless for any unauthorized use of the data after it is delivered to fi360.

This request and consent shall remain in effect until it is revoked in writing by the Account owner or its authorized agent and the revocation is received by MATC.

By: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Please send completed forms to MATCAdmin@macg.com. Document Version: 1/11/2019 Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 1 of 1