

Group Account ID:

Group Name:

Authorized Plan Contact Requesting:

Date:

PLAN CONTACT INFORMATION	
<input type="checkbox"/> UPDATE - <u>COMPANY ADDRESS:</u>	
Phone:	Fax:
Update Address for ALL Company Plan contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> ADD PLAN CONTACT	
<input type="checkbox"/> CHANGE INFORMATION COMPLETED BELOW	
Name:	
Company Name:	
Company Address:	
Phone:	Fax:
Email Address:	
Select Contact Servicer Type(s):	
<input type="checkbox"/> Authorized Officer	
<input type="checkbox"/> Authorized Plan Signer <i>(include copy of Signature Authorization form)</i>	
<input type="checkbox"/> Billing/Invoice Recipient	
<input type="checkbox"/> Loan Contact	
<input type="checkbox"/> Payroll Contact	
<input type="checkbox"/> Plan Summary Recipient <i>(provide Plan Service Center (PSC) login to receive Plan Summaries: _____)</i>	
<input type="checkbox"/> Primary Contact	
<input type="checkbox"/> Secondary Contact	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> DELETE PLAN CONTACT	
Name:	
Company Name:	
Company Address:	
Phone:	Fax:
Email Address:	
Select Contact Servicer Type(s):	
<input type="checkbox"/> Authorized Officer	
<input type="checkbox"/> Authorized Plan Signer <i>(must be at least one active authorized signer remaining)</i>	
<input type="checkbox"/> Billing/Invoice Recipient	
<input type="checkbox"/> Loan Contact	
<input type="checkbox"/> Payroll Contact	
<input type="checkbox"/> Plan Summary Recipient	
<input type="checkbox"/> Primary Contact	
<input type="checkbox"/> Secondary Contact	
<input type="checkbox"/> Other _____	

Attach sheet for additional Plan Contacts.

Please return via fax to 303-801-6017 attention: Oppenheimer Plan Support