



## TIAA DESIGNATE A PLANFOCUS PLAN SPONSOR

### QUESTIONS:

Call the Administrator Telephone Center (ATC) at 888-842-7782 or your assigned Client Services Manager.

### IMPORTANT INFORMATION

Complete this form to designate a new or change an existing Plan Sponsor at your institution. **To expedite this change and to prevent an existing Plan Sponsor from losing access, please use the PlanFocus online functionality.**

Print in uppercase using black ink and provide all information requested. Please note that any missing signatures or incomplete or inaccurate information on this form will delay the processing of this request.

Once completed, please print, sign and fax or mail to TIAA. Refer to last page for our fax number and mailing address. The turnaround time for TIAA to handle this request is three (3) business days from receipt of the form in good order.

**NOTE:** This form is not to be used TO GRANT ONLINE ACCESS TO INDIVIDUALS WHO ARE NOT THE PLAN SPONSOR. To add or modify online access, the existing Plan Sponsor should log on to PlanFocus.

### PLAN SPONSOR DEFINITION

The Plan Sponsor is the primary contact for the retirement plan. They have the following access for the plan(s) they are assigned:

- Add new site users
- Modify users' access levels and information
- View and take action on all areas of the PlanFocus website





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Please print using black ink.

### QUESTIONS:

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### 1. PROVIDE NEW PLAN SPONSOR INFORMATION

First Name

Middle Initial

Last Name

Suffix

Institution Name

Job Title

Department

Work Mailing Address

City

State

Zip Code

Work Telephone Number

Extension

Work Fax Number

Work Email Address

Cellular Telephone Number

### 2. PLAN INFORMATION

Plan Number

Plan Name

### 3. PLAN ACCESS

Indicate the plans you would like the Plan Sponsor to access:

☐

Authorize access to all plans and campus/locations associated with my institution.

☐

Authorize access to only the following plans (must be six digits):

☐

Authorize access to only the following campus/locations: (i.e., ABC University - XYZ Campus)



**QUESTIONS:**

Call the Administrator Telephone Center (ATC) at **888-842-7782** or your assigned Client Services Manager.

**4. DELETE AN EXISTING SPONSOR FROM PLANFOCUS**

Completing this section of the form will delete the existing Plan Sponsor from your organization's list of authorized users. It is important to note they will no longer have access to PlanFocus unless the newly named Plan Sponsor assigns them access rights. Appropriate correspondence and information will be sent to the replacement user listed in Section 1.

Please delete the prior Plan Sponsor below from my institution's list of authorized users. The person listed below will no longer have access to PlanFocus.

Name

Title

**Note:** The deleted name above should not sign this document in Section 4.

This section to be completed by the new Plan Sponsor.

**5. SIGNATURES****SECURITY GUIDELINES**

PlanFocus allows authorized users, including the Plan Sponsor, of an institution to access certain information relating to such institution's participants' TIAA accounts and accumulations for the purpose of plan administration or counseling the institution's employees.

THE INFORMATION OBTAINED THROUGH PLANFOCUS CONTAINS PERSONALLY IDENTIFIABLE INFORMATION AND IS THEREFORE EXTREMELY SENSITIVE AND HIGHLY CONFIDENTIAL. THE PLAN SPONSOR AND OTHER AUTHORIZED USERS OF PLANFOCUS AGREE TO MAINTAIN THE SECURITY OF PLANFOCUS AND THE CONFIDENTIALITY OF ALL THE INFORMATION CONTAINED IN OR OBTAINED THROUGH IT.

Use of PlanFocus signifies your agreement to comply with these Security Guidelines, and TIAA reserves the right to revoke access to PlanFocus for anyone who violates these Security Guidelines.

From time to time, authorized representatives of TIAA may monitor the use of PlanFocus by all authorized users; authorized users should not expect their use of PlanFocus to remain private and agree that TIAA may monitor and/or disclose their activity.

TIAA will revoke access for any authorized user who engages in improper conduct with regard to these services or any information obtained through them.

Examples of improper conduct include:

- Deliberately bypassing or probing security measures
- Disclosing or failing to protect any information contained in PlanFocus or obtained through it
- Failure to maintain the confidentiality of the security question and answer or the user ID and password
- Sharing the security question and answer, the user ID or password with any other individual
- Sharing or distributing proprietary or copyrighted software
- Using these services in connection with any unauthorized, illegal, fraudulent or unethical activities, or activities that may be embarrassing or detrimental to TIAA
- Introducing or attempting to introduce viruses into TIAA's systems
- Transmitting encrypted materials in violation of applicable laws, including but not limited to privacy and export laws

TIAA will not be held liable for the misuse of these services. In the event you or any authorized user terminates employment with your institution, TIAA requests that you notify us immediately, and we will terminate access to PlanFocus for such individuals.





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This section is to be completed by the new Plan Sponsor.

Please sign your full legal name with suffix, if applicable, using black ink. Digital signatures are not accepted.

This section is to be completed by the Plan Sponsor.

If you are unsure of who your Plan Sponsor is for your institution, please contact the Administrative Telephone Center at **888-842-7782** or your assigned Client Services Manager.

Please sign your full legal name with suffix, if applicable, using black ink. Digital signatures are not accepted.

### NEW PLAN SPONSOR SIGNATURE (REQUIRED)

**Incoming Plan Sponsors must read and sign below.**

Please read the Security Guidelines. All signatories must agree to abide by these guidelines. Please note that missing signatures or incomplete or inaccurate information on this form will delay the processing of this request.

I have read, and will comply with, the Security Guidelines set forth in this application. I represent that I am the Plan Sponsor with full authority to have access to the Administrator Services indicated herein.

New Plan Sponsor's Name (REQUIRED) (Please Print)

New Plan Sponsor's Signature

Today's Date (mm/dd/yyyy)

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### PLAN SPONSOR SIGNATURE (IF APPLICABLE)

If there is no current Plan Sponsor available to designate the new Plan Sponsor, there is no signature required below.

Please read the Security Guidelines. All signatories must agree to abide by these guidelines. Please note that missing signatures or incomplete or inaccurate information on this form will delay the processing of this request.

I have read, and will comply with, the Security Guidelines set forth in this application. I represent that I am the Plan Sponsor with full authority to have access to the Administrator Services indicated herein

Current Plan Sponsor's Name (IF APPLICABLE) (Please print)

Work Telephone Number

Extension

Work Email Address

Current Plan Sponsor's Signature

Today's Date (mm/dd/yyyy)

 /  / 20

### RETURN COMPLETED FORM(S) PACKAGE TO:

**STANDARD MAIL**

P.O. Box 1259

Charlotte, NC 28201-1259

**FAX:**

**800-842-5916**

Be sure to send all pages together. TIAA will notify you once this application has been processed. Turnaround time for this request is three (3) business days from receipt of this form in good order. Any information missing on this form will delay processing.

