



## Plan Sponsor Authorizations

### Employer and Plan Information:

Plan Sponsor/Employer: \_\_\_\_\_

Plan ("Plan"): \_\_\_\_\_

Plan Administrator: TCG Administrators

The Plan Sponsor hereby authorizes TCG Administrators to provide the information on behalf of the Plan Sponsor as specified herein.

### Plan Administrator Authorizations *(FTP site access and Signature Authorization)*

Name: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sign on behalf of the Plan Administrator Yes  No

### Plan Administrator Signature

I authorize TCG Administrators to provide the information as specified herein.

\_\_\_\_\_  
**Employer's Signature**

\_\_\_\_\_  
**Date**