

2300 Litton Lane, Suite 100
Hebron, KY 41005
Toll Free: 800-379-2513
Fax: 859-426-2050
www.OrionPortfolioSolutions.com

This form should be completed by the Sponsoring Employer to provide authorization to update an existing OIP or cancel an OIP. For the purposes of this form, an "OIP" is a third party who is authorized in accordance with applicable law to receive account information. Once established, the OIP will be eligible to receive information on the Plan from Matrix Trust Company (Matrix Trust) through the various media available. Please fax or mail the completed form to **Orion Portfolio Solutions**.

Please type or print.

PLAN INFORMATION

Plan Name: _____

Sponsoring Employer or Discretionary Trustee: _____

Account Number: _____

TPA/Record-keeper Name: _____

TYPE OF AUTHORIZATION

Check one.

- Change/Update OIP Information
- Add this Account to existing OIP
- Cancel OIP for this Account

OIP INFORMATION

OIP Number *(if existing)*: _____

Name: _____

Company Name: _____

Address: _____

City/State/ZIP: _____

Phone Number: () _____

Email Address: _____

- Receive Duplicate Electronic Statements
- Online Account View/Report Access

SPONSORING EMPLOYER AUTHORIZATION

By execution of this form, the Sponsoring Employer authorizes Matrix Trust to provide account information via electronic media to the designated OIP for the account specified. The Sponsoring Employer or Discretionary Trustee holds Matrix Trust harmless from any and all claims, including but not limited to damages, regulatory penalties, court costs, legal fees, and costs of investigation arising from this action.

Signature: **X** _____

Printed Name: _____

Title: _____

Date: _____