

TPA Contact Change Form

Instructions

Please advise MetLife of changes in the designated individuals by completing this form and mailing it to P.O. Box 66918, St. Louis, MO 63166-6918. See the TPA Contact section of your TPA Guide.

Plan Name

Plan ID Number

Contact Changes (check all that apply)

ADD DELETE the following person:

Print Name: _____

Signature: _____

Title: _____

Social Security Number: _____

Phone Number: _____

E-mail Address: _____

Fax Number: _____

Security Level: Unlimited Unlimited – without Participant Transaction Capabilities
 Plan and Participant Information Plan Information Restricted

Individual designated to receive Loan Authorization Forms for approval (*only one individual per plan*)

Mailing Address: Use TPA's Other (specify):

ADD DELETE the following person:

Print Name: _____

Signature: _____

Title: _____

Social Security Number: _____

Phone Number: _____

E-mail Address: _____

Fax Number: _____

Security Level: Unlimited Unlimited – without Participant Transaction Capabilities
 Plan and Participant Information Plan Information Restricted

Individual designated to receive Loan Authorization Forms for approval (*only one individual per plan*)

Mailing Address: Use TPA's Other (specify):

Authorization

Signature of TPA RetireLink System Administrator

Date