Plan Sponsor Web Portal User Access Form

Reset Form

Use this form to add or remove a user's access to the plan sponsor web portal.

1 COMPANY INFORMATION	N. 5 ' 11	
Company Name Tulsa County	Plan Name Tulsa County 401(a) Matching Plan	
2 USER INFORMATION		The State State
Once access is established, each user will receive a user ID and dei Please attach an additional page(s) for additional users.	fault password at the email address	provided in five to seven business days.
1. Select One: 🗹 Add 🔲 Remove	Select Access Level: Full	
User's Name Kathy Burrows	Last 4 Digits of SSN	Hire Date
E-mail Address kburrows@tulsacounty.org	Primary Phone # (918) 596-5096	Mother's Maiden Name
2. Select One: Add Remove	Select Access Level: Full	
User's Name Deepa Pollard	Last 4 Digits of SSN	Hire Date
E-mail Address dpollard@tulsacounty.org	Primary Phone # (918) 596-5090	Mother's Maiden Name
3. Select One: Add Remove	Select Access Level:	
User's Name	Last 4 Digits of SSN	Hire Date
E-mail Address	Primary Phone #	Mother's Maiden Name
 Inquiry Access – View plan level information. User does not have the ability to update information. Limited Access – Includes Inquiry functionality plus the ability to update non-financial transactions including, but not limited to, participant demographics, contribution rates and investment elections. Full Access – Includes Inquiry and Limited functionality plus the ability to update all plan and participant information including, but not limited to, the ability to initiate transfers of core investment options and loan requests on behalf of participants. Consultant Access – Includes Inquiry functionality to view plan level information only. User does not have the ability to view any participant level information including plan reports. AUTHORIZATION AND SIGNATURE By signing this form, I represent that I am an Authorized Representative of the Company and Plan and I grant BOK Financial permission to give the 		
above-named user(s) access to the Start Right website (startright.bokf.c would have the ability to view confidential Plan information and may be a Financial for the Plan. I agree that this access will remain in effect until the removed. BOK Financial will remove the user within one business date.	om) for the Plan. I understand that ea able to execute transactions for partici he Plan provides BOK Financial an up	ch user granted Limited or Full Access pant accounts maintained by BOK
Signature		Date
Printed Name of Authorized Representative		