

Visit https://retirementplanconsultants.info and click Account Access.

Type in your **Username** and **Password**, or follow the instructions provided in your welcome letter.

Select role from dropdown menu: Participant

Click the Login button

A One-Time PIN (OTP) is required to login using multi-factor authentication (MFA). If you need additional guidance with the OTP process, click the **Guide to Logging in with MFA** link (located at the top of this gray login box).

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🔂 oi		English / Español
	Guide to Logging in with N	IFA
	Username *	
		Θ
	Password *	
	I do not know my Usernam	
	Participant	~
	Save Username	
	Note: The password is case s you fail to login three consect your account could be disable	ensitive. If utive times ed.
	LOGIN	

	🔒 Participant Da	shboard	Manage Your Account	Retirement Resources	Forms, Documents and R	eports
	Participant Dash		Edit Your Personal In	formation		
	i articiparie	Daoi	Edit Your Beneficiarie	25		
	Track Retirement		Investment Informati	on and Returns	ance	
	\$ 1,8	94 [.] 9	Make Changes to You	ur Account S 53	3, 143 .91	
	,	IMPRC	Review Transaction I	listory	,	
	Currently	Goal: \$29	Web Requests			
	Projected		View Your Personal F	Rate of Return	52 144	
			Loans Options		Vested Balance	

On the Participant Dashboard, click the **Manage Your Account** tab.

Click the **Edit Your Beneficiaries** option in order to update.

Complete all of the required fields. These are marked with a red asterisks.

To add additional beneficiaries, click the **ADD** button.

Once you have added all your desired beneficiaries, click the **SAVE** button.

🛉 Participant Dashboard Manage	Your Account Retiremen	nt Resources Forms, Do	ocuments and Reports	PI	lan Selection 🗸					
Edit Your Beneficiaries										
NOTE: Spousal Consent is required if the participant is married and the designated Primary Beneficiary is not the participant's spouse. The spouse's signature must be witnessed by either (1) a representative of the plan or (2) a Notary Public. A form to complete this is located HERE.										
Beneficiary Designation 1										
Items marked with asterisk (*) must be completed before you can proceed to the next step.										
Beneficiary type	Beneficiary percent *									
Primary										
Name *	Relationship	Birth date		Social security number						
		~								
Street address 1	Street addres	:s 2								
City	State	Zip code	Country							
				_						
					DELETE					
_				_						
ADD					SAVE					
ADD					SAVE					