Payment Request Form



Plan Information

Plan Name	Plan Number	
	Payee Information	
EIN/Taxpayer ID	☐ New Partner/Payee IRS Form W-9 must accompany this rec	Existing Partner/Payee Quest. EIN and Payee fields are required.
Payee (Must match name on W-9)		
You must complete the rest of this section if you are a new partner/payer	e or if existing partners/payees need to mal	ke updates to the information already on file.
Address	City	State Zip
Phone # Email A	ddress:	office email address is recommended)
☐ Investment Advisory Services Firm - Advisor(s) Name Printe		
☐Third Party Administrator ("TPA") ☐ Trustee ☐ Au	ditor	Other
	Form of Payment	
ACH Bank Name		
Account Number		
□ NSCC/DTCC Clearing #	Associated Clearing	# (if applicable):
CHECK (Payment will be mailed to above Payee address.)		
Source, Amo	ount and Frequency of Paymen	t
Debit Plan Expense Account (PEA) If the balance in the PEA in	s insufficient, payment will generate for bala	ance available.
If applicable, recurring payment calculation to start as of first da If left blank, payment calculation begins as of the first of the month in wh		(year)
One Time Flat Dollar Amount \$		-
Recurring Annual Flat Dollar Amount \$	prorated and paid ☐ Monthly ☐	Quarterly
One Time Basis Points Payment	atad and naid Manthly Owart	to all c
Recurring Annual Basis Points pror- Recurring Annual per Participant Charge \$		
Necuring Armai per i anticipant Charge \$	prorated and paid [] World	ily 🗖 Quarterly
Debit Forfeiture Account		
One Time payment of \$ prorated a	icross all available money types (inclu	uding PEA) unless specified below.
Only debit the following specific money type(s)		
Debit Participant Accounts		
If applicable, recurring payment calculation to start as of the first of the month in wh		(year)
Flat Dollar Amount \$	Payment to recur annually - prorated	and paid ☐ Monthly ☐ Quarterly
Debit the dollar amount indicated pro-rata or if selected	r Capita – an identical amount across	all accounts.
Basis Points ☐ One Time ☐ Payme	nt to recur annually - prorated and to l	be paid ☐ Monthly ☐ Quarterly
Per Participant Charge \$ ☐ One Time	☐ Payment to recur annually - prora	ated and paid ☐ Monthly ☐ Quarterly
☐ Individual Participant Only (Provide full name, social security #	and amount)	Debit participants on attached spreadsheet (Provide full names, social security #'s and amounts
Pa	y Recurring Invoices	
Pay this and all future invoices received from the payee listed a To discontinue the payment of invoices for this payee, written notific		
Select the source you would like to pay invoices from by indica next source designated with a "2" will be used and then '3" if ap	ting a "1". To offer flexibility, you can	select multiple sources so as exhausted, the
Plan Expense Account Participant Accounts	debited pro-rata or 🔲 Per Capi	ita (identical amounts)
Forfeiture Account all money types or only debit t	the following specific money type(s) _	

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Reallocate PEA Balance		
Reallocate the PEA based on participant balances as of (MM/DD/YYYY)		
Reallocate \$ If no amount provided, the PEA balance as of the date of receipt of this request will be used.		
Allocations are processed pro-rata across all money types based on participant balances on the date listed above unless otherwise requested.		
☐ Credit participant accounts on a per-capita basis (identical amounts) across all money types as of the date listed. If per capita is selected, please contact your account representative for additional information on the participant list that is required.		
Plan Representative Authorization		
By signing below, you (the "Authorized Plan Representative") on behalf of the Plan and Plan Sponsor acknowledge and agree that:		
You are authorized to provide the payment instructions reflected on this form on behalf of the Plan and have determined that engaging the services of the Payee for a fee is permissible under applicable law, including U.S. Department of Labor and Internal Revenue Service guidance and the terms of the Plan.		
You have determined that the payment from the Plan you have described via this form represents eligible Plan expenses that may be paid from Plan assets in the manner in which you have designated herein and that such expenses are necessary and reasonable costs associated with administration of the Plan. You acknowledge and agree that, to the extent applicable, the Plan fiduciaries have satisfied the disclosure requirements under ERISA §404(a)(5).		
You have previously determined an appropriate investment option for the PEA assets, if applicable. If PEA assets are invested in a variable investment option, the amount of PEA assets available to pay plan expenses is limited to 95% of the PEA balance at the time the payment is processed to account for market fluctuation.		
In the event that a requested payment from the Plan is to be made to an Investment Advisory Services Firm, you have determined that such direct payment is permissible under applicable law. In the event that a requested payment from the Plan is to be made to the Plan Sponsor, you have determined that the payment does not result in a non-exempt prohibited transaction or other violation of the Code, ERISA or any other applicable law and is otherwise permissible under the terms of the Plan.		
The Plan acknowledges and agrees that Empower is not a Plan fiduciary and is acting solely at your direction as a remittance or paying agent, and has not performed any due diligence on any Payee, negotiated the terms of the Payee's compensation, determined the compensation paid by the Plan to the Payee is deemed to be reasonable under applicable law, or advised on the means or manner of remitting the Payee's compensation.		
You instruct Empower to reclaim from the Payee any and all funds paid to the Payee over the amount the Payee is entitled to receive per the Plan Sponsor's payment instructions as reflected on this form. You agree that the payment processing services you have authorized via the instructions reflected on this form will be provided by Empower subject to the terms of the recordkeeping services agreement between the sponsoring Employer and Empower.		
You may terminate this Authorization at any time by notifying Empower in writing prior to the time that a payment is processed. Any termination of this Payment Authorization will not be effective until written notification is received in good order at the contact information provided below. You acknowledge and agree that Empower is entitled to rely on this Authorization and is released from liability for any payments made pursuant to it.		
Upon termination of the recordkeeping services agreement with Empower, recurring monthly payments will not be processed for the month of the scheduled liquidation date or any month thereafter. Quarterly payments will not be processed for the quarter of the scheduled liquidation date. Payments will not be processed from any remaining Plan assets subject to a put or any other applicable liquidation restriction following the Plan's de-conversion.		
In the case of a plan termination, recurring flat dollar payments paid monthly will not be paid in the month the termination is effective or any month thereafter. Quarterly payments will not be processed for the quarter in which the termination is effective or any month thereafter. Recurring payments from basis points and per participant charges will continue for any full month or quarter until the plan assets are fully liquidated.		
Authorized Plan Representative Signature Date		
Print Name		

Empower Retirement Partner Services Contact Information:

E-mail: PartnerServices@empower-retirement.com

Fax: (303) 737-1499

Mail: Empower Retirement

ATTN: Partner Services 8525 East Orchard Road 9T3 Greenwood Village, CO 80111