

Forfeiture Offset Request Form

(This form is to be used for Common Remitter Plans Submitting Contributions via check/wire)

To: FASCore
Attn: INST Cash Operations
Fax: (303) 737-5689

Date: _____

From: _____

Plan Name: _____

Plan Number: _____

This is a request to offset my Common Remitter plan's employer contributions with my plan's recordkept forfeiture account balance for:

Payroll period: _____

Amount to be offset: _____

Money type code: _____

Money type description: _____

Fund: _____

My signature below authorizes this transaction and I understand that if any of the information provided is incomplete, it will delay this request. I also understand that if I do not have sufficient money in the forfeiture account to offset this payroll, it will delay the processing of my payroll until full funding is received. The request must be received prior to NYSE Market close in order to be processed current day.

Plan Authorized Signer

Date

Phone number: _____

Note: If remitting contributions by uploading a file and wire, fax this memo to the fax number listed on the form the same day the contribution file is uploaded.
If remitting contributions via paper and check, attach this memo to your contribution report

If you wish to receive confirmation of completion of this request, please provide your fax number below.

FAX: _____

Request completed: _____

Logon ID: _____