



Payment Request Form

AUTHORIZED PLAN REPRESENTATIVE hereby instructs the MetLife Service Provider ("Service Provider") to process the following payments for Plan expenses from Plan assets as directed below. The Service Provider is required to retain your Vendor's EIN on a form W-9. The Service Provider will then process the payment and issue a 1099-MISC to your Payee accordingly.

Section A – Plan Information

Plan Name

(the "Plan")

Plan Number

Section B – Payment Sources and Amount

If there are several accounts from which payments are to be processed, please indicate those accounts and the amounts to be processed. If not otherwise indicated, fees will be deducted pro rata.

Quarter and Year to Begin First Recurring Payment (accrued payment from prior quarter will be paid the in the quarter indicated) (Recurring Payment not available for Plan Forfeiture Assets/Expense Account option)

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th Year _____ ☐ N/A – One time payment request

☐ Plan Forfeiture Assets / Expense Account (One Time Requests Only)

Please select one of the following methods. If Forfeiture Accounts is selected all available forfeiture accounts will be debited pro-rata. If your plan includes the UCP money type, it is not available to use for payment of fees. If other is selected, indicate the individual money type(s) to debit. Please ensure that the funds are available in the account for processing.

☐ Prorate Across All Available Forfeiture Money Types Amount \$ _____

☐ Plan Expense Account ("UPA1") Amount \$ _____

☐ Plan Expense Account ("UPA2") Amount \$ _____

☐ Plan Forfeiture Assets (excludes UPA money types) Amount \$ _____

☐ Other: Specify Money Type(s) _____ Amount \$ _____

☐ Participant Accounts – Debited Amounts

☐ Basis Points Annual Basis Points _____ ☐ One time ☐ Annual amount prorated quarterly*

☐ Flat Dollar Amount Amount \$ _____ ☐ One time ☐ Annual amount prorated quarterly*

☐ Pro Rata (paid across participant accounts based on account balance)

☐ Per Capita (identical payments across all participant accounts, regardless of balance)

☐ Per Participant Charge Amount \$ _____ ☐ One time ☐ Annual amount prorated quarterly*

☐ Individual Participant Charge

Participant Name _____ SSN _____

Amount \$ _____ ☐ One time ☐ Annual amount prorated quarterly*

* Quarterly debits are processed on or about the 15th calendar day of the third month of the calendar quarter.

Section C – Payee Type of Fee (submit a separate form for each payee and select the type of fee being paid)

☐ Third Party Administrator ("TPA")

☐ Legal / Counsel

☐ Registered Investment Adviser ("RIA")

☐ Trustee

☐ Individual ☐ Corporate

☐ Accounting

☐ Accountant ☐ Payroll ☐ Auditor

☐ Other (Fee Type Must Be Specified) _____

Section D – Payment Information

Form of Payment:

☐ Check

☐ ACH

EIN/Taxpayer ID (as indicated on W-9)

Payee (must match Name on W-9) _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Narrative _____

ACH Information (if ACH, complete the following information)

Bank Name _____

Bank Address _____ City _____ State _____ Zip _____

For Account Of (name of account) _____

Account Number _____ ABA or Routing Number _____

Narrative _____

☐ Checking

☐ Savings

Individual at Payee to contact with Payment Questions:

Name _____

Phone _____

Email Address _____

Bank Name

Acme Incorporated	DATE
PAY TO THE ORDER OF _____ \$ _____	
DOLLARS	
Anytown Bank	
:999999999:	0000000000 :

Bank Routing Number

Bank Account Number

Section E – Authorization to Process

By signing below, you ("Authorized Plan Representative") represent, acknowledge and/or agree that:

1. You are authorized to authorize the requested payment by signing on behalf of the Plan.
2. You have determined that engaging the services of the Payee for a fee is permissible under applicable law, including the Internal Revenue Code and U.S. Department of Labor and Treasury guidance, and the organizational documents of the Plan.
3. You have determined that the expenses for which you are requesting payment via this form are eligible Plan expenses that may be paid from Plan assets held in the Plan accounts you have designated herein and that such expenses are reasonable.
4. In the event that a requested payment is to be made to a Registered Investment Adviser ("RIA") directly, instead of the RIA firm, you have determined that such direct payment is permissible.
5. In the event that a requested payment is to be made to the Plan Sponsor, you have determined that the payment is permissible for purposes of reimbursing the Plan Sponsor for the payment of Plan expenses and does not constitute a prohibited transaction.
6. Certain RIAs may receive additional compensation that may be paid based upon accumulated volume of business. However, none of this compensation is directly attributable to the Plan.
7. The MetLife Service Center is acting solely at your direction as a remittance or paying agent, and neither MetLife nor Service Provider is responsible for determining whether the payment is permissible by the Plan and neither MetLife nor Service Provider has performed any due diligence on any Payee, negotiated the terms of the Payee's compensation, or advised on the means or manner of remitting the Payee's compensation.
8. MetLife and Service Center are entitled to rely on this authorization and is released from liability for any payments made pursuant to it. On behalf of the Plan, you agree to hold MetLife, Service Center, their respective affiliates, and their respective officers, directors, and employees harmless from any and all liability that may arise out of or is the result of any of the Payee's activities or the remittance of any compensation to the Payee.
9. You may terminate this Authorization at any time by notifying MetLife Service Center in writing prior to the time that a payment is processed. Any termination of this Payment Authorization will not be effective until your written notification is received at the MetLife Service Center using the Contact Information provided below.

Authorized Plan Representative Signature

Date

Print Name

The form must be received 15 days prior to quarter end to allow time for processing.

☐ W-9 for Payee is attached

MetLife Service Center Contact Information:

Fax to: MetLife Service Center

Fax Number: 303-801-6021