**MetLife Implementation Worksheet Cover Page**

**Please select the services below that are applicable to this plan setup and also attach the corresponding addendum(s) to the submission.**

**Fund Lineup** – Please submit **electronic** fund lineup at the time of submission. The lineup must include the Fund Name, Ticker and CUSIP information for all funds. **(REQUIRED)**

**Authorized Signors (Addendum A)** – This addendum provides FASCore with the specific names of individuals that are authorized to sign on behalf of the Plan. **(REQUIRED)**

**Plan Service Center Authorization (Addendum B)** – This addendum will provide FASCore with the individual(s) the plan has chosen to have online access to the plan. The individuals specified in this addendum can either have Inquiry or Full access. Inquiry access gives that person the ability to view plan and participant level data and reporting. Full access is the same as Inquiry but includes the ability to process contributions as well as make participant level changes. **(REQUIRED)**

**Automated Clearing House or ACH (Addendum C)** – This addendum is accompanied by the Plan Service Center Authorization Addendum and gives FASCore the banking information that is to be used to fund all retirement plan contributions.

**Fixed Fund Merger/Conversion (Addendum D) [\*\*INTERNAL USE ONLY\*\*]** – This addendum provides information in the event of a merger/conversion involving fixed fund assets.

**Conversion Information (Addendum E)** – This addendum provides the Implementation Team information on the prior record keeper and the assets that will be converting.

**Asset Management Options (Addendum F)** – This addendum needs to be completed and submitted with the Implementation Worksheet when the plan has elected Triple Solutions, Wealth Management Services. TD Ameritrade or ProManage.

**Online Enrollment and Deferral Processing (Addendum G)** – Please submit this addendum when the plan has chosen Online or Auto Enrollment and/or Deferral Processing.

**Aggregation/Information Sharing for 403(b) plans (Addendum H)** - This Addendum should be submitted when the plan has multiple vendors and they are requesting Aggregation Services.

**Common Remitter (Addendum I) -** Please include this addendum when the plan is currently using or is requesting Common Remitter Services.

**Qualified Default Investment Alternative (Addendum J) -** Please include this addendum when QDIA elections are applicable.

**Payroll Locations (Addendum K) -** Please submit this addendum when the plan has multiple payroll locations and/or division that need to be setup.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MetLife Representative Name (Print)**

**Signature Authorization Addendum A**

|  |  |  |
| --- | --- | --- |
| **Plan Account Number** | **Employer Name** | **Signature Authorization** |
|  |  | Original Authorization |

# **AUTHORIZED SIGNATURES for plan administrators**

|  |  |
| --- | --- |
| As of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_ the following representative(s) of our institution are authorized to sign on behalf of the Plan Administrator. It’s recommended that at least two representatives are authorized to sign. | |
| **Division #** (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_  Only those who are authorized to sign for this division should complete this form | |
|  | |
| **SAMPLE OF AUTHORIZED SIGNATURE** | **NAME (please print)** |
|  |  |
|  |  |
|  |  |
|  |  |

# **AUTHORIZED SIGNATURES for third party administrators - Not applicable**

|  |  |
| --- | --- |
| As of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_ the following representative(s) of the TPA are authorized to sign on behalf of the Plan Administrator. It’s recommended that at least two representatives are authorized to sign. | |
| **Division #** (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_  Only those who are authorized to sign for this division should complete this form | |
|  | |
| **SAMPLE OF AUTHORIZED SIGNATURE** | **NAME (please print)** |
|  |  |
|  |  |
|  |  |
|  |  |

**Authorized by: (an officer other than those authorized above)**

Officer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please FAX form to FASCore, Attention: MetLife New Business Team to fax number (303) 737-4274 or you can mail the form to:**

**FASCore**

**Attn: MetLife New Business Team**

**Personal and Confidential**

**8515 E. Orchard Road, 4T2**

**Greenwood Village, CO 80111**

# **Addendum B**

# 

# **Plan Service Center Authorization Form**

# 

This form is used to request user IDs and passwords to establish Plan Service Center (“PSC”) access. The PSC is the primary tool used by the Plan Sponsor, as identified in Part I, and any authorized third parties for on-line contribution processing, obtaining plan and participant data, requesting/downloading plan files and reports, and approving on-line disbursements. The Plan Sponsor agrees to notify MetLife in the event that the Plan Sponsor desires to terminate PSC access for any user. The identified users listed below will receive an e-mail notification when their PSC authorization request has been completed.

**For ERISA plans, the PSC will be utilized as the delivery method for MetLife’s plan level fee disclosure documentation as required under the Department of Labor Final Rule 29 CFR Section 2550.408(b)2,.**

Part I: PLAN SPONSOR CONTACT

|  |  |  |  |
| --- | --- | --- | --- |
| Plan Name: | | Plan Number: | |
| Contact Name: | | Pay Center: Division:  **(if applicable)** | |
| Contact Email: | | Contact Phone/Ext: | |
| Address: | | | |
| City: | State: | | Zip Code: |

Part II: PLAN SERVICE CENTER (PSC) LOGIN REQUEST

PSC User Access Levels

|  |  |
| --- | --- |
| Access Levels Available **Inquiry**: Includes the ability to view plan/participant information, compliance information, order reports, and print off forms. Inquiry is the default access. If applicable, access fee disclosure documentation.  **Full**: Includes all access under Inquiry plus access to enter, alter, or delete participant information. Update access also allows you to update compliance and upload census files. If applicable, access fee disclosure documentation.  **Contribution Processing**: Includes contribution processing and pay plan expenses (if applicable). Please note: Contribution Processing PROVIDES THE ACCESS AND AUTHORITY TO DEBIT APPLICABLE BANK ACCOUNTS. Includes access to enter, alter, or delete participant information. | To Do List (TDL) **Inquiry**: View items on the To Do List.  Full: Authorize items on the To Do List such as distributions and loans.  *Note: Full TDL users must also be an authorized signor.* |

To obtain access to Plan information through PSC, please complete the following (addendums may be attached as needed). If no box is checked, Inquire Access as defined above will be provided by default.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1) Name: | | | | | | |
| E-Mail Address: | | | | Phone #: | | |
| User Type: Please Check One | Plan Employee: | | Other:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| A) **Inquiry Access as defined above is provided by default.** | | | | | | |
| B) Full Access: Please Check All That Apply | | B-1: Plan and Participant Level Data:  Yes:  No | | | B-2: Compliance Level Data:  Yes:  No | |
| C) Contribution Processing: Yes:  No:  **In order to have Full Access to Contribution Processing, the “Yes” box must be checked for Full Access to Plan And Participant level data (see B-1)** | | | | | | |
| D) To Do List:  Full  Inquiry | | | | | | **Current PSC ID**: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2) Name: | | | | | | |
| E-Mail Address: | | | | Phone #: | | |
| User Type: Please Check One | Plan Employee: | | Other:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| A) **Inquiry Access as defined above is provided by default.** | | | | | | |
| B) Full Access: Please Check All That Apply | | B-1: Plan and Participant Level Data:  Yes:  No | | | B-2: Compliance Level Data:  Yes:  No | |
| C) Contribution Processing: Yes:  No:  **In order to have Full Access to Contribution Processing, the “Yes” box must be checked for Full Access to Plan And Participant level data (see B-1)** | | | | | | |
| D) To Do List:  Full  Inquiry | | | | | | **Current PSC ID**: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 3) Name: | | | | | | |
| E-Mail Address: | | | | Phone #: | | |
| User Type: Please Check One | Plan Employee: | | Other:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| A) **Inquiry Access as defined above is provided by default.** | | | | | | |
| B) Full Access: Please Check All That Apply | | B-1: Plan and Participant Level Data:  Yes:  No | | | B-2: Compliance Level Data:  Yes:  No | |
| C) Contribution Processing: Yes:  No:  **In order to have Full Access to Contribution Processing, the “Yes” box must be checked for Full Access to Plan And Participant level data (see B-1)** | | | | | | |
| D) To Do List:  Full  Inquiry | | | | | | **Current PSC ID**: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 4) Name: | | | | | | |
| E-Mail Address: | | | | Phone #: | | |
| User Type: Please Check One | Plan Employee: | | Other:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| A) **Inquiry Access as defined above is provided by default.** | | | | | | |
| B) Full Access: Please Check All That Apply | | B-1: Plan and Participant Level Data:  Yes:  No | | | B-2: Compliance Level Data:  Yes:  No | |
| C) Contribution Processing: Yes:  No:  **In order to have Full Access to Contribution Processing, the “Yes” box must be checked for Full Access to Plan And Participant level data (see B-1)** | | | | | | |
| D) To Do List:  Full  Inquiry | | | | | | **Current PSC ID**: |

**Part III: PLAN SERVICE CENTER (PSC) CLIENT ADMINISTRATION AGREEMENT**

By signing this form, the Plan Sponsor agrees that the User Names listed are authorized to use the PSC. Further, the Plan Sponsor hereby agrees to notify each of the User Names listed to maintain the confidentiality of logon and password information provided and to not share such information with any third parties.

|  |
| --- |
| Authorized Plan Representative:  Signature: Print Name:  Title: E-mail:  Phone #: Date: |

Note: If the plan has pay centers and/or divisions with different contacts, please complete one login form for each pay center and/or division.

**Internal Use Only:**

Implementation Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Implementation Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Met Implementation Team FAX: (303) 737-4274 EMAIL: metimp@retirementpartner.com**

**ACH Funding Authorization Form Addendum C**

AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION

This form is used to establish automated funds transfer of your retirement plan contributions, which are initiated through the Plan Service Center (PSC).

**CLIENT DATA:**

Name of Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Account Number\_\_\_\_\_\_\_\_\_\_\_

Name of Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION TO BANK:**

In conjunction with the use of the Plan Service Center this authorization is to establish an Automated Clearing House (ACH) funding agreement with MetLife and the Plan, as stated above. This agreement is to provide the required funding as approved by the Plan Sponsor when initiating through the Plan Service Center, or when the Plan Sponsor has requested a contribution correction that requires additional funding from this account. The Plan Sponsor has total control and responsibility for initiating the funding for the above stated retirement plan.

Please accept this as formal notification that effective \_\_\_\_\_\_\_\_\_\_\_\_, MetLife will be responsible for the record keeping of the retirement plan mentioned above.

|  |  |
| --- | --- |
| Bank: |  |
| Street Address: |  |
| Account Name: |  |
| Account Type: | Savings  Checking |
| Account Number: |  |
| Routing Number: |  |
| Representative: |  |
| Telephone Number: |  |

The Plan Sponsor agrees to provide MetLife with 30 days notice, prior to closing or changing this account.

Signed: Date:

Title:

***\*IMPORTANT:***  *Please forward a copy of this to your bank for authorization. A pre-notification will occur to ensure proper set up.*

***Note:*** *Please fax ACH Authorization form with a fax cover sheet to FASCore at* ***303-801-5228****.*

**Fixed Fund Merger/Conversion Addendum D**

**[\*\*INTERNAL USE ONLY\*\*]**

|  |  |
| --- | --- |
| **Plan Name:** | **Plan Number:** |

**Fixed Fund Options**

|  |
| --- |
| **Please indicate which of the following scenarios is applicable:**  MetLife Annuity to MetLife MFSP Product  or  Internal movement of MetLife MFSP to MetLife MFSP Product  **Please select ONE of the following options:**  Use existing Transfer Cell: SDIO        Rate        - Must add to investment lineup  Create new Blended Rate Transfer Cell: SDIO        Rate        - 30 day turnaround to create fund  Map to existing Fixed Fund Option: SDIO        Rate        - Non-transfer cell |
| **Activity Suppression**  *\*Note – This option is only available when the mapped fixed fund is exactly the same as the non-surviving plan fixed fund.* |
| **Do you want to suppress all activity from daily Met Fixed Fund Accounting and Met Commission Files? (META and METC)?**  Yes  No |
| **For FASCore Internal Use: If “yes” to both above,**  Request to suppress deconversion activity from non-surviving plan through AR ISIS ticket.  Set Cash Reason Code to CNTINKIND |

**Data Loads**

|  |
| --- |
| **Do you want to load Fixed Fund Deposit Periods from the prior plan? (Only applies when mapping to existing non-transfer cell)**  Yes  No |
| **Do you want to load First Contribution Date from prior plan?**  \*Note – By loading this date, commissions will not generate for converted assets  Yes  No |
| **Do you want to load first Anniversary Balance/Date Snapshot (this is used to calculate “free amounts” and back-end loads on withdrawals and transfers)?**  Yes  No |
| **Do you want to load Minimum Death Guarantee Snapshot (guarantee of premium net of withdrawals and transfers for Met Funds)?**  Yes  No |
| **Do you want to suppress Certificate/Contract mailings? (for 403b plans only)**  Yes  No |
| **Do you want 1st Dollar Prospectuses be mailed? (for 403b plans only)**  Yes  No |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MetLife Representative Name (Print)**

|  |  |  |  |
| --- | --- | --- | --- |
| Conversion Information Addendum E | | | |
| **Conversion Effective Date (date plan begins MetLife administration)** | | /     / | |
| **Information Requirement (Please provide copies)**  Most recent Adoption Agreement  Most recent Plan and Trust (including amendments)  Most recent IRS favorable determination letter  Prior year Form 5500 and all applicable Schedules  Prior Year Compliance Testing  Trust Statements from beginning of current plan year to date of conversion  Current Year Schedule A (to date of conversion)  Current Year Schedule C (to date of conversion) | | **Existing plan type**  Profit Sharing  Money Purchase Pension Plan  401(k)  Defined Benefit Plan  403(b)  Deferred Compensation Plan  Other: | |
| **Prior Recordkeeper**  Company  Name  Address  City           State       Zip Code  Phone (    )      -  Fax (    )      -  E-mail | | Prior Investment Provider Company  Name  Address  City           State       Zip Code  Phone (    )      -  Fax (    )      -  E-mail | |
| **Estimated amount plan assets**  $ | | **Are there Outstanding Loans?**  Yes: approximate number  No  If Yes, what type of loans:  Account Reduction  Collateral (MetLife cannot convert)  Will MetLife take over existing loans?  Yes  No | |
| **Date Prior Recordkeeper is Notified of Plan Transfer**       /     / | |
| **Estimated Date of Transferring of Funds**       /     / | |
| **Money Types Frozen to New Contributions/Deposits:**  Not Applicable  BEF - Employee Before Tax  AFT - Employee After Tax  EER - Participant Rollovers  ERB - Employer Contributions  QNEC and QMAC  Other Money Sources: | | Types of Contributions offered in previous Plan:  BEF - Employee Before Tax  BEF - Employee Before Tax Mandatory  AFT - Employee After-Tax  ERB - Employer Matching  ERB - Employer Mandatory Contribution      %  ERB - Employer Discretionary  ERB - Employer Profit Sharing  ERB - Employer Money Purchase  EER - Employee Rollover  QNE - Qualified Non-Elective Contribution  QMA - Qualified Matching Contribution  ROTH  Other: | |
| Conversion Information (cont.): Transferred Assets and Data Loads | | |
| Please choose ALL applicable options below if there will be existing assets transferring into the plan: | | | |
| **1.** **Default Option:** Early in the blackout period, the plan’s current investments will be liquidated and the proceeds will be wired to MetLife for deposit in the investment option(s) indicated below:  100% will be Defaulted into the            Fund (group level holding account) upon receipt from prior asset holder.  **Options for Reallocation**  Current Allocations - Participants will make new investment elections during enrollment. These elections will apply to both transferred assets (prospectively) and future contributions. Once reconciled, a transfer will be initiated current day to the participants’ current investment elections. Trailing dividends will also be invested into the participants’ current investment elections current day. Participants who fail to make investment elections during enrollment will have their transferred assets invested in the plan’s default fund(s), and future contributions will also be invested in the plan’s default fund(s).  Target Age Based Funds – Once reconciled, assets will be moved to the Target Aged Based fund that corresponds to the participant’s date of birth regardless of what the participant’s current allocations are.  Triple Solutions Program – Once reconciled, assets will be moved to the predetermined Triple Solution Allocation Model.  Once blackout is lifted, PIN letters will be mailed to each participant’s address of record. They will be able to make changes to their investment elections at that time.  **\*\*NOTE –The Gold Track Select fixed fund [Gold Track Select Fixed Account Option, Strategic Value Annuity [Guaranteed Assets Account] and MetLife Stable Value Plus can not be used for the group level holding account.** | | | |
| **2.** **Fund Mapping:** Early in the blackout period, the plan’s current investments will be liquidated and the proceeds will be wired to MetLife for deposit in the investment options selected on the Investment Mapping Instructions.  The mapping instructions will apply to the transferred assets of all existing participants. Participants’ future contribution elections (both investments and percentage allocations) will be mapped from the current provider, as long as elections are provided in an electronic text or spreadsheet format. The future investment selections will be mapped to the new plan options using the same mapping instructions provided for the transferred assets. Participants whose elections are not provided will have their future contributions invested in the plan’s default fund(s).  If the wired amount includes assets from an investment option that was not listed on the Fund Mapping/Re-registration Addendum, those assets will be invested in the following investment option (specify investment option other than Target Date Series here):  Fund Name:  Fund CUSIP:            or Fund ticker symbol:  **Please Provide Investment Mapping Instructions (separate cover) in Electronic Format and provide the related Ticker symbols or CUSIPs. Insufficient or inaccurate data may result in processing delays.** | | | |
| **3.** **Fund Re-Registration/In-Kind transfer:** Mutual Fund Accounts are Re-Registered  \*\***Note: These funds will not be liquidated**       /     /      Date Mutual Fund Accounts are Re-Registered       /     /      Date Share Price Used to Value Re-Registration  Please Provide List of Investment Options  Provide name and Phone number of Person(s) re-registering accounts | | | |
|  |  | | |
|  |  | | |
| **4**. **Additional Data Loads Required for Startup Plans** (No Movement of Participant Balances)  Please select all applicable data load requests:  Indicative  Allocations  Loans  Commission Data  Other: | | | |

**Asset Management Options Addendum F**

|  |  |
| --- | --- |
| **I. Authorization to Add Triple Solutions Program** | |
| **General Plan Information:** | |
| Available Advisory Services Program Offering:  ***Note> All services will be offered.*** | Managed Accounts  Online Advice  Online Guidance |
| Participant Web Message:  Start on ~ Service “Go Live” date  End on ~ 65 days after “Go Live” date | No participant web message  Participant web message as follows:  **“Need help investing your current account balance or want professional investment advice?**  Great news…You now have access to the Advisory Services Program, our online suite of investment advisory tools that not only can help you invest your current account balance, but will also provide you with a recommended savings rate needed to meet your personal retirement goals. Select Advisory Services Program Fast Start or Advisory Services Program to begin moving toward a better financial future.”  *Additional* Participant web message as follows:  “Please note that completing a financial transaction within your account during the strike letter notification period will opt you out of the managed account automatic enrollment process. You may also opt out of managed accounts on-line or through the phone system.” |
| Service Level Participant Enrollment: | Positive enrollment into service levels (“Opt-in”)  Automatic/Negative enrollment into Managed Accounts service (“Opt-out”) |
| Contract:  *Note> Appropriate executed contract, must be provided to process all requests for services.* | “Opt-out” version of Contract  “Opt-in” version of Contract |
| Participant Batch Managed Portfolio Enrollment *(complete only if Automatic enrollment):*  *Note> Requires 60-day participant notice after go-live.* | Default Salary:  Opt-out – Select a default salary for the group. This amount is used in the case the plan and participant do not select an amount. This may be updated on the web or enrollment form and will automatically populate on the web if no changes are made.  Opt-in – Do not fill out a default salary here. The default will automatically be set to zero and the participant must make an election to utilize the Advisory Services Program. |

|  |  |
| --- | --- |
| **Disclosure Requirements:** | |
| Pre-Implementation PDI Questionnaire: | Please indicate the following for Opt-out plans only:    Birth date, income, gender & state of residency being provided on payroll file  Map data to recordkeeping system  Plan is utilizing Deferral Processing |
| ADV Form Part II: | Plan Sponsor given copy of AAG’s ADV Form Part II |

|  |  |
| --- | --- |
| **Service Restrictions/Exclusions:** | |
| Investment options with existing restrictions: | Monies in the investment will not be advised/managed & the investment option will never be advised/managed to. |
| Investment Fund to be excluded from Fee Structure: | Investment Option to be excluded from the Online Advice and/or Managed Account fee structure (relates to funds that are labeled as “N’ for no advisement). |
| Investment options with liquidity restrictions: | Monies in the investment will not be advised/managed out (i.e. never liquidated out), however, the investment option can be advised/managed to. |
| Self directed investments: | Monies in the self directed account will not be advised upon. Participants with self directed assets can not enroll in managed accounts. |

|  |  |  |
| --- | --- | --- |
| **Asset Management Options (cont.)** | | |
| **II. Morningstar** **ExpertAdvicesm**  (Plan level fiduciary support product)  No  Yes | ***Circle Type of Level:*** Category or Fund  Level:  Additional Agreements & disclosures required. | |
| **III. TD Ameritrade (SDA)**  No  Yes  Additional Agreements & disclosures required. | |  |
| **IV. Wealth Management Services (WMS)**  No  Yes  Additional Agreements & disclosures required. Refer to Section II Plan Information to determine if the plan is an ERISA or Non ERISA. | |  |
| V. ProManage(Need prior approval by MetLife if using Auto ProManage with Online Enrollment) No  Yes, If Yes, select an option below:  Automatic Election  Positive Election  **Fee**     % annually (fee is assessed on a monthly basis)  Monthly ProManage fees are to begin  (fees are assessed the month following the month the participant has monies allocated into the ProManage program)  *Insert date of ProManage contract*:  **\*** Compensation will need to be supplied to MetLife in order for ProManage to include Social Security in the  Benefits in the determination of ProManage allocations.  **\*** Participant’s accounts will be rebalanced **ANNUALLY** in December.  **\*** MetLife Representative or ProManage will supply FASCore with the custom ProManage brochure to be  placed on the participant website.  **Will compensation be supplied to MetLife?**  No (if not, ProManage will not take into account social security benefits when calculating allocations)  Yes  **If yes, how will MetLife receive compensation?**  - Year end Census File  - Through the plans payroll file(needed before ProManage can customize the allocations)  **Does the Plan Sponsor have a Defined Benefit plan?**  No  Yes | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Plan Sponsor Signature**  **Date**

          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Plan Sponsor Name (Printed)

Online Enrollment & Deferral Set-Up Addendum Addendum G

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Plan Name:** | | | | | **Plan Number:** | |
| **Select one of the following features:**  Deferral Processing (Part 1)  Online Enrollment (Part 2)  Online Enrollment & Deferral Processing (Parts 1 and 2)  Automatic Enrollment (w/ Online Enrollment & Deferral Processing Parts 1, 2 and 3) | | | | | | |
| **Part 1 – Elective Deferral Information:** | | | | | | |
| 1. Select the types of employee contributions (deferrals) allowed and specify the Minimum and Maximum percentages and/or amounts allowed for each. A Plan level limit across money types is not available. | | | | | | |
|  | Min Percent | | Max Percent | Min Amount | | Max Amount**** |
| Employee Before Tax  Employee After-Tax  Roth | |  |  |  | |  |
| 1. Select the type(s) of employee contributions allowed for highly compensated employees (HCE'S) and specify the maximum percentage and/or amount allowed for each. Please note: Establishing different limits for HCE'S requires employers to identify HCE'S on payroll file transmissions (PDI).  |  |  |  | | --- | --- | --- | |  | Maximum Percent | Maximum Amount | | Employee Before-Tax |  |  | | | | | | | |
| 1. Employee contributions should be entered in:   Whole Percentages (1)  Fractional Percentages (.1)  Whole Amounts (1)  Fractional Amounts (.01) | | | | | | |
| 1. Does the Plan allow for age catch up contributions?   No  Yes  If age catch up allowed, should age catch up contributions be tracked as a separate election (deferral)?  No **(Default)**  Yes If yes, plan allows:  PERCENTAGE(%)  AMOUNT($)  BOTH | | | | | | |
| 1. Does the Plan allow for hardship withdrawals?   No  Yes. If yes,  Safe Harbor 6 month suspension  Safe Harbor 12 month suspension  Facts and Circumstances suspension | | | | | | |
| 1. Future dated deferral options:   Ongoing Future Deferral Change – Your deferral will be changed for all ongoing contributions as of a specified future payroll date.  Scheduled Annual Amount – Your deferral amount will automatically increase incrementally up to a maximum specified amount.  Single Payroll – Your deferral will be changed back to your regular deferral amount after the single payroll change has occurred.  Please select how often you would like to receive your Deferral Change Report and the start date.  *(Please note that is very important for your deferral file to be sent to you on the same frequency as your payroll, if you select Future Dated Deferral Options. I.E. if your payroll is weekly your deferral file should be set up to be sent weekly as well)* | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Online Enrollment & Deferral Set-Up Addendum (cont.)** | | |
| 1. Does the Employer restrict deferral change periods?   No **(Default)**  Yes  If yes, Monthly Quarterly Semi-Annual Annual Other, specify: | | |
| 1. Does the Employer limit the number of changes to deferrals within the change period noted above?   No **(Default)**  Yes. If yes, **Future Dated Deferral, Single Payroll Deferral, and Scheduled Deferral Change options are not available if you limit the number of changes**    How many changes allowed per period specified above? (#): | | |
| **DEFERRAL FEED**   1. Provide Payroll Date and select the Payroll Frequency for each Payroll Center: | | |
| **Payroll Date:**  Payroll Center Name (if applicable):  Payroll Frequency:  Weekly  Bi-Weekly  Semi-Monthly  Monthly | **Payroll Date:**  Payroll Center Name (if applicable):  Payroll Frequency:  Weekly  Bi-Weekly  Semi-Monthly  Monthly | **Payroll Date:**  Payroll Center Name (if applicable):  Payroll Frequency:  Weekly  Bi-Weekly  Semi-Monthly  Monthly |
| 1. Select the desired frequency**\*\*** of receiving deferral change files: | | |
| Payroll Center Name (if applicable):  Weekly  Bi-Weekly  Semi-Monthly  Monthly | Payroll Center Name (if applicable):  Weekly  Bi-Weekly  Semi-Monthly  Monthly | Payroll Center Name (if applicable):  Weekly  Bi-Weekly  Semi-Monthly  Monthly |
| \*\*If the deferral change file is not setup on the same frequency as your payroll, Future Dated Deferral; Single Payroll Deferral; and Scheduled Deferral Change options are not available. | | |
| 1. How many calendar days prior to the payroll date listed above would you like to receive your deferral file?:       days (number) | | |
| 1. The first deferral file should generate on:       (date)   Cut-off date to accept initial recipient deferral change requests:       (date) – this is one business day before the above first deferral file date and represents the cut-off for participants to input a deferral request that will be reported on this file; changes after this date will report on the subsequent deferral file. | | |
| 1. Select alternate file transmission day for weekends/holidays. If files are generated on a day of the month that falls on a weekend/holiday, select which alternative date you want to receive files. Please note, this election applies to all files (deferral, new eligible, etc.)   The business day **before** the weekend/holiday **(Default)**  The business day **after** the weekend/holiday | | |
| 1. Specify the desired output File Type and Sort Option of the Deferral File. Both formats are sent to the Plan Service Center directory. Choose one of each.   **File Type:**  Data file (for uploading into your payroll system)  Printable file(to manually enter the changes into the your payroll system) **(Default) Sort Option:**  Social Security Number order  Last name, first name **(Default)**  Employee number | | |

|  |
| --- |
| **Online Enrollment & Deferral Set-Up Addendum (cont.)** |
| 1. Specify the desired file output:   Deferral ‘Change Only’ file (contains only data for participants who have changed their deferral since the prior file) **(Default)**  Full Deferral File (contains deferrals for all participants) |
| 1. Specify the Plan Service Center contact to receive notification of the deferral file transmission. Only one contact may receive the Deferral File. You may designate additional contacts to receive a copy of the deferral file (Trial Deferral File).   **Deferral File:**   |  |  | | --- | --- | | Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Payrol Site: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Email Address (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | PSC ID# (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |     **Trial Deferral File:**   |  |  | | --- | --- | | Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Payroll Site: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Email Address (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | PSC ID# (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |     **Trial Deferral File:**   |  |  | | --- | --- | | Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Payroll Site: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Email Address (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | PSC ID# (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Additional information may be required, if applicable to your Plan:**   * Deferral Seed File: A file listing all active participants’ current deferrals is required prior to activating this feature. Current Deferrals on the seed file should be: * the deferral percentage or amount for Active participants on the payroll system. * a zero (0) for all employees who have opted out of the plan previously * a Null or Blank for all other employees (Newly eligible employees, new employees who are not eligible yet, or anyone who has never participated in the plan.) * Hardship suspensions: Attach a list of participants currently under hardship suspension. Include participant name, social security number and the date that the hardship expires. See timeline for more information. * Catch up provisions: Attach a list of participants currently utilizing the catch up provision. (if applicable) Include participant name, social security number and the amount of catch up and the date that the catch up expires. |

|  |
| --- |
| **Online Enrollment & Deferral Set-Up Addendum (cont.)** |

**Part 2:**  **Provide the following information regarding the Plan's eligibility requirements, enrollment window and plan entry dates:**

|  |
| --- |
| 1. Who will determine the Plan entry date (participation date) of employees?   Plan Sponsor (via payroll file or manual input)  PSC (Calculation) |
| 1. Plan Eligibility Criteria:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Plan Entry Dates (as indicated in the plan document):   Immediate \*  Monthly \*  Quarterly  Semi-Annual  Annual  Other, specify:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***\*Note: Plans that have eligibility requirements and plan entry dates which would make employees eligible to enroll more frequently than quarterly need to be reviewed carefully. Due to timeframes involved in the enrollment process, it may be necessary to have the employer handle the Enrollment Information Kit distribution process.*** |
| 1. Once the participation date is reached, does the employer restrict enrollment in the Plan to "Enrollment Windows"?   No  Yes. If yes, what is the period for the Open Enrollment Window?  15 days  30 days  Other, specify:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. For the initial enrollment file, disregard any employee whose eligibility date is prior to:      \_\_\_\_\_\_\_. If no date is specified, ALL eligible employees with no deferral will receive an Enrollment letter. |
| 1. Indicate when paper forms will be required in addition to online enrollment/deferral?   (**Default:** no forms will be created unless otherwise indicated)  Only during conversion period.  To be removed on      \_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)  Ongoing |
| 1. Specify timing and recipients of the ongoing (OPTIONAL) Trial Eligible Files:   Select the desired frequency of receiving the Trial New Eligible and New Eligible files:  Weekly Monthly  Bi-Weekly Quarterly  Semi-Monthly Annual  Semi-Annual   * 1. How many calendar days prior to the plan entry date listed would you like to receive your Trial New Eligible File?:       days\_ (number)   2. First Trial New Eligible file to be sent on:      \_\_\_\_\_\_\_\_\_\_ (date)   If a) and b) are left blank, the following **default** set up will be used:   * Weekly – On Fridays * Bi-Weekly – Even week Fridays * Semi-Monthly – 4th and 19th of each month * Monthly – 30 days prior to Plan entry date * Quarterly – 40 days prior to Plan entry date * Semi Annual – 50 days prior to Plan entry date * Annual - 50 days prior to Plan entry date  |  |  | | --- | --- | | Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone#: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Payroll Site: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Email Address (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | PSC ID# (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |
| --- | --- | --- |
| **Online Enrollment & Deferral Set-Up Addendum (cont.)** | | |
| 1. Specify timing and recipients of the ongoing New Eligible Files:    1. How many calendar days prior to the plan entry date listed would you like the New Eligible File to be sent?:       days\_ (number)      * 1. First New Eligible file to be sent on:      \_\_\_\_\_\_\_\_\_ (date) (This is generally the date that Enrollment PIN letters are generated.)   If a) and b) are left blank, the following **default** set up will be used:   * Weekly – On Fridays * Bi-Weekly – Even week Fridays * Semi-Monthly – 8th and 23th of each month * Monthly – 25 days prior to Plan entry date * Quarterly – 35 days prior to Plan entry date * Semi Annual – 45 days prior to Plan entry date * Annual - 45 days prior to Plan entry date  |  |  | | --- | --- | | Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Payroll Site: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Email Address (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | PSC ID# (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |

**Required Signature (Please sign in this section for Online Enrollment and Deferral Recordkeeping and complete and sign Part 3 only if the Automatic Enrollment feature is applicable)**

The signatures below acknowledge that the Employer and Plan Administrator have read, understand and agree to the standards and requirements for Online Enrollment and Deferral Change Processing. The Plan Administrator is responsible for ensuring proper consent is received from employees authorizing deferrals. The Plan Administrator authorizes MetLife to allow employees to enroll in the plan and accept participant deferral changes via the participant web and VRU. The Employer and Plan Administrator agree that MetLife will not be liable for any investment loss, liability, cost or expense for implementing any such instructions received from the participant. The Plan Administrator further acknowledges that the section titled “Must be completed for each Payroll Center when applicable” must be completed for each payroll center and submitted with this Set-up Document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Employer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Authorized Plan Signor

**Part 3 - Automatic Enrollment & Deferral Increase Election Form: Addendum G (cont.)**

**(Complete ONLY if Automatic Enrollment is applicable)**

Please refer to the Automatic Enrollment Description and Comparison Chart for features that may apply to an automatic contribution arrangement when completing this form. For purposes of this form, the term “Plan” or “Plan Sponsor” is intended to encompass and does encompass the following parties, if separate: Plan Sponsor, Employer, Plan Administrator, and/or any party with discretionary authority or control over plan management.

**I. Election For Type of Automatic Enrollment Plan**

|  |  |  |
| --- | --- | --- |
| **Plan Name:** | | **Plan Number:** |
| **Effective Date of this Amendment**  ***(EACAs and QACAs must be effective the first day of the plan year.)*** | Please check if the plan previously adopted automatic enrollment and is electing to make a change to their automatic enrollment provisions as of the effective date of this election form. | |

**Note: You may only select one type below**

|  |
| --- |
| **ACA:** Plan chooses to satisfy the requirements of an Automatic Contribution Arrangement (ACA) |
| **EACA:** Plan chooses to satisfy the requirements of an Eligible Automatic Contribution Arrangement (EACA)  **Permissible Withdrawal *(Optional)***  Plan chooses to utilize the 90 day permissive withdrawal option of erroneous deferrals for all eligible employees subject to the EACA provisions. |
| **QACA:** Plan chooses to satisfy the requirements of a Qualified Automatic Contribution Arrangement (QACA)  **QACA Employer Contributions:** Plan Sponsor will make either a matching or nonelective contribution as follows: **(Select one)**  A matching contribution equal to:  1) 100% of each participant's salary deferrals that do not exceed 1% of Plan compensation (this includes both participants who elected to participate and those who were automatically enrolled); and,  2) 50% of each participant's salary deferrals that exceed 1% of Plan compensation but that do not exceed 6% of Plan compensation.  Employer Match Calculated:  Per Pay Period  Monthly  Quarterly  Annually  A nonelective contribution to each participant's account equal to 3% of Plan-year compensation.  Plan Sponsor will make an enhanced matching, nonelective contribution, or “QACA maybe” nonelective contribution.  **NOTE: The automatic enrollment notices provided by the Service Provider cannot incorporate a description of an enhanced QACA matching, nonelective contribution, or “QACA maybe” nonelective contribution.**  **Additional Matching Contributions:** If the Plan currently has a matching contribution (discretionary or fixed).  **(Select one)**  This contribution will be removed at the time the QACA Employer Contribution is added to the plan.  This contribution will be maintained in addition to the QACA Employer Contribution.    **QACA Vesting:** Employer contributions will vest as follows: (Select one)  100% vested when contributed.  Less than one year of service: **\_**  %  Greater than one year of service but less than two years of service: **\_** %  2 or more years of service: **\_** %  **NOTE:** The Plan's existing vesting schedule(s) will continue to apply to all other employer contributions made to the Plan.  **Permissible Withdrawal *(Optional)***  Plan chooses to utilize the 90 day permissive withdrawal option of erroneous deferrals for all eligible employees subject to the QACA provisions only if the Plan is also an EACA. |

**Automatic Enrollment & Deferral Increase Election Form (cont.)**

**II. Automatic Enrollment Recordkeeping and Notice Delivery Services**

|  |
| --- |
| **Service Center Automatic Enrollment Recordkeeping:** Service Center will provide the automatic enrollment service, Plan  Sponsor must:  1) Provide a full Payroll Data interchange ("PDI") file;  2) Maintain PSC access;  3) Utilize online enrollment services;  4) Utilize Deferral Recordkeeping services whereby Service Center will track participant deferral changes made via the website, VRU or client services, as well as those participants subject to the automatic deferral increases and,  5) Provide data for eligibility or data to calculate eligibility. Service Center will send Plan Sponsor an electronic report of all such deferral information (deferral file feed).  **Service Provider Automatic Enrollment Notice Delivery *(Select one)***  Service Center will distribute the Initial and Annual Automatic enrollment notices (Must have at least 60-day eligibility  requirement for the Service Center to provide initial notices).  Service Center will distribute the Initial Automatic Enrollment Notices. Plan Sponsor shall be responsible for providing Annual Notice. (Must have at least a 60-day eligibility requirement for the Service Center to provide initial notices).  Service Center will distribute the Annual Automatic Enrollment Notices. Plan Sponsor shall be responsible for providing Initial Notices.  Plan Sponsor will distribute the Initial and Annual Automatic Enrollment Notices. |
| **Plan Sponsor "Manual" Automatic Enrollment and Notices Delivery:** Plan Sponsor will enroll all eligible participants via the Plan Service Center and provide all required notices to participants. Plan Sponsor will also track and change on an annual basis any scheduled increases if applicable. (Plan Sponsor cannot elect online enrollment services if electing this option). Please attach a letter to this form if there are options the Plan is electing that are not offered on this Automatic Enrollment Services Election Form. |

**III. Automatic Enrollment Deferral Percentage**

|  |
| --- |
| The initial pre-tax Automatic Deferral Percentage will be **\_**% of compensation (as defined in the Plan).  **NOTE:** For QACAs, the initial deferral must be at least 3% and no greater than 10% of compensation (as defined in the Plan). |

**IV. Automatic Enrollment Population of Employees**

|  |
| --- |
| **The Automatic Deferral Percentage will apply to: *(check one box)***  **All Participants**. Service Provider will automatically enroll all eligible employees regardless of any existing deferral elections effective prior to the initial automatic enrollment amendment effective date noted Section I.  **Election of at least Automatic Deferral Percent:** Service Provider will automatically enroll all eligible employees with a deferral percentage that is less than the automatic enrollment deferral percentage listed in Section III starting on the automatic enrollment effective date noted in Section I and newly eligible employees going forward. NOTE: Plan Sponsor will verify population. This will include participants with a deferral percentage of 0% in both pre-tax and Roth sources, where applicable. An election to defer 0% or $0 is considered an affirmative election.  **No existing Salary Reduction Agreement:** Service Provider will automatically enroll eligible employees who do not have a deferral election on file starting on the automatic enrollment effective date noted in Section I and newly eligible employees going forward. NOTE: An election to defer 0% or $0 is considered an affirmative election if made for both pre-tax and Roth sources.  **New Participants Entry Date:** Service Provider will automatically enroll eligible employees who become eligible to participate in the plan on or after the automatic enrollment effective date noted in Section I. NOTE: If this option is elected for EACA, the Plan is not eligible for the extension of the distribution period for refunds of excess contributions to six (6) months following the end of the plan year and employees that are currently eligible but un-enrolled will not be automatically enrolled.  **THIS OPTION IS NOT AV AI LABLE FOR PLANS SELECTING QAC A.**  **New Participants Hire Date:** Service Provider will automatically enroll eligible employees who are hired on or after the automatic enrollment effective date noted in Section I. NOTE: If this option is elected for EACA, the Plan is not eligible for the extension of the distribution period for refunds of excess contributions to six (6) months following the end of the plan year and employees that are currently eligible but un-enrolled will not be automatically enrolled. **THIS OPTION IS NOT AV AI LABLE FOR PLANS SELECTING QACA.** |

**V. Scheduled Increases** *(Scheduled increases will be set up for the population of employees selected in Section IV above.)*

|  |
| --- |
| The Plan will provide for scheduled deferral increases in accordance with elections below. If the Plan does not want to provide scheduled increases and is not required to do so under the QACA rules, as noted below if applicable, please leave this section blank.  The scheduled deferral increase will take effect annually on the first day of the Plan year. Participants' default deferrals remain at the same percentage for at least twelve (12) months before their Automatic Deferral Percentages will be increased automatically.  The Automatic Deferral Percentage will increase by **\_** % annually until the maximum deferral percentage elected is reached. The Maximum Automatic Deferral Percentage is **\_**% (if using a QACA a minimum of 6% in the fifth plan year following the implementation of QACA, up to a maximum of 10%) of compensation.  If you are adding scheduled deferral increases to an already existing automatic enrollment provision, select one of the following options:  Scheduled deferral increases will apply to all participants subject to automatic enrollment.  Scheduled deferral increases will only apply to those employees whose entry date is on or following the date the schedule increase provision is added to the plan.  For QACA, the scheduled deferral increase will take effect annually on the first day of the Plan year, with the first automatic increase effective in the third year following the participants’ automatic enrollment.  For ACA and EACA:  The scheduled deferral increase will take effect on (select one of the following):  Beginning of the Plan year  Designate the date of increase (MM/DD):  Anniversary of Participants’ Entry Date NOTE: Each participant will have their own increase date under this election.  The first increase is to occur in (select one of the following):  Year 2 NOTE: Participants’ default deferral may remain at the same percentage for less than 12 months. Example: Employee’s entry date is 12/1/2013. Assuming plan year end is 12/31, their first increase will be effective 1/1/2014 if Beginning of the Plan Year has been selected.  Year 3 NOTE: Participants’ default deferral will remain at the same percentage for at least 12 months. Example: Employee’s entry date is 12/1/2013. Assuming plan year end is 12/31, their first increase will be effective 1/1/2015 if Beginning of the Plan Year has been selected. |

**VI. Hardship/HEART Deferral Reinstatement**

|  |
| --- |
| **QACA**  Defaulted deferrals will be reinstated upon expiration of the suspension period (required for QACA)  Participant elected deferral elections (non-defaulted) will be reinstated upon expiration of the suspension period (optional for QACA)  **ACA or EACA (check all that apply)**  Defaulted deferrals will be reinstated upon the expiration of the suspension period  Participant elected deferral elections (non-defaulted) will be reinstated upon the expiration of the suspension period  No deferrals, defaulted or participant elected, will be reinstated upon the expiration of the suspension period |

**VII. Contact Information For Annual Notification Reminders To Be Sent**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Email Address (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | PSC ID# (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | | --- | --- | | Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Email Address (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | PSC ID# (REQUIRED): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**VIII. Automatic Enrollment Requirements and Plan Sponsor Acknowledgements**

|  |
| --- |
| The Plan elects to implement an automatic contribution arrangement under which employees are automatically enrolled into the plan at a stated salary deferral percentage unless an employee elects out of the arrangement.  The Plan Sponsor is responsible for providing data to determine whether an employee is eligible to participate in the Plan. The Plan Sponsor shall submit an eligibility indicator and participation date as part of the PDI file unless Service Provider is providing eligibility determination services. If your Plan provides for eligibility of less than 60 days of service, our initial notice delivery service may not comply with the eligibility provisions. You, as Plan Sponsor, are responsible for determining if this service is appropriate for your Plan.  The Plan Sponsor acknowledges that the elections contained in this form are based on the most recent regulatory guidance available. In the event a regulatory agency later provides guidance contradicting any offered election contained in this form, the Plan Sponsor accepts full responsibility for any necessary corrections or penalties that may arise.  If an eligible employee or participant does not have a valid investment election in place, the Plan Sponsor directs Service Provider to deposit that individual's deferrals into the default investment option that is selected by the Authorized Plan Administrator.  The Plan acknowledges that Service Provider will provide the applicable notices, based on the most current guidance and information available. Service Provider will make a good faith effort to comply with the notice requirements. The Plan has the option to issue its own notices to eligible employees and participants.  In the event a Plan has eligibility requirements that do not allow for a reasonable amount of time for Service Provider to provide Plan Participants with the proper notice or the Plan otherwise fails to provide Plan Participants with the proper notice, the Plan acknowledges and accepts full responsibility for any consequences of failing to satisfy the notice requirements, including any penalties.  The Plan in conjunction with Service Provider shall establish a time line for the implementation of automatic enrollment services. As part of this process, Service Provider shall mail PIN letters to eligible employees and participants to provide them an opportunity to elect out of the automatic contribution arrangement before the first deferral file feed is submitted to the Plan. The Plan understands that Service Provider makes no representations that the PIN letter satisfies any notice requirements that may apply to the Plan.  If Service Provider is otherwise responsible for preparing Plan documents, the Plan Sponsor directs Service Provider to prepare the necessary documents (initial document or an amendment) consistent with the terms of this Election Form. If the Plan wishes to make additional changes to the plan documents that are not specified on the election form, the Plan must submit a written request along with the completed Election Form. If Service Provider is not responsible for preparing the Plan documents, the Plan acknowledges that any Plan documents or amendments that must be executed to implement the terms of this Election Form are the responsibility of the Plan Sponsor and they accept any consequences of failing to execute such documents in accordance with applicable requirements.  The Plan acknowledges that the timely implementation of the automatic enrollment service is contingent on the Plan's timely completion of the various set up tasks that will be communicated to the Plan Sponsor during the implementation process.  As the individual authorized to sign on behalf of the Plan, I certify and agree that I have authority to elect the automatic contribution options as selected above, and to sign this Election Form on behalf of the Plan listed above. I agree that I have read and reviewed the above requirements for the Auto Enrollment Services and understand that by signing this form I am electing the automatic contribution options as selected in this form with respect to the Plan as described above. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Authorized Plan Signature** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name of Authorized Plan Signor**

**1. If you elect Qualified Default Investment Alternative (QDIA), please ensure the appropriate additional request has been submitted.**

**2. In addition to your direction above, please note for Conversion Plans only:**

**• With respect to the new participants entry date and new participants hire date selections, Service Provider will only enroll employees who become eligible to participate on or after the transfer of assets date.**

**• In addition, upon transfer of assets, the Plan Sponsor will provide direction to Service Provider with respect to any eligible employees who are considered to be part of the transitional period from the prior vendor to Service Provider.**

**Automatic Contribution Arrangements Description & Comparison Chart**

An automatic contribution arrangement (“ACA”) automatically enrolls eligible employees into the plan as a stated salary deferral percentage unless an employee otherwise elects out of the ACA. There are three different types of ACAs that a Plan Sponsor can offer: 1) Automatic Contribution Arrangement (“ACA”); 2) Eligible Automatic Contribution Arrangement (“EACA”); 3) Qualified Automatic Contribution Arrangement (“QACA”). We have provided the following description and side-by-side comparison of several of the different features of each type of ACA. This is not intended to be a complete comparison and the Plan Sponsor should consult with the Plan's accountant, benefits professional or attorney to determine which type of ACA would best suit the Plan's situation3.

**Automatic Contribution Arrangement**

An ACA is available for 401(k), 403(b) and 457(b) plans. The ACA requires the establishment of an automatic salary deferral percentage. In addition, similar to the other ACA options, the ACA includes the optional establishment of scheduled deferral increases. An ACA does not include a permissible withdrawal option or require employer contributions. To the extent ERISA applies to the Plan, ERISA invokes preemption of contrary state garnishment and other state laws.

**Eligible Automatic Contribution Arrangement**

An EACA is available for 401(k), 403(b) and 457(b) plans. Like all of the other options, the EACA requires the establishment of an automatic salary deferral percentage. In addition, similar to the other ACA options, the EACA includes the optional establishment of scheduled deferral increases. The EACA permits the participants to withdraw deferred compensation within 90 days of the first deferral contributed to the plan on behalf of the participant. Unlike the QACA option below, the EACA requires neither scheduled deferral increases nor employer contributions. To the extent ERISA applies to the Plan, ERISA invokes preemption of contrary state garnishment and other state laws.

**QUALIFIED AUTOMATIC CONTRIBUTION ARRANGEMENT**

A QACA is available for 401(k) and 403(b) plans. An arrangement that constitutes a QACA automatically satisfies the ADP and ACP nondiscrimination tests for 401(k) and 401(m) arrangements. If the plan currently has a matching contribution (discretionary or fixed) and this contribution will be maintained in addition to the QACA Employer Contribution, in order to ensure the ACP safe harbor requirements are met the following will occur:

a. Allocation conditions will be removed from the additional matching contribution;

b. The plan will be amended to provide that catch-up contributions will be matched;

c. Only deferrals up to 6% of compensation will be matched;

d. And if the additional matching contribution is discretionary, it will not exceed 4% of compensation.

If you don’t want these changes to be made and instead want the Plan to continue to be subject to ACP testing, please include a letter of instruction indicating what provisions should be maintained.

Like the other ACA options, the QACA requires the establishment of an automatic salary deferral percentage and incorporates scheduled deferral increases. The QACA option requires certain employer contributions, which are subject to minimum vesting requirements. If the Plan is also an EACA and the Plan elects to add a 90 day permissible withdrawal option, then the participants are permitted to withdraw deferred compensation within 90 days after the first payroll date in which the first default deferral contribution is made on behalf of the participant.

**COMPARISON CHART**

|  |  |  |  |
| --- | --- | --- | --- |
| **Feature** | **ACA** | **EACA** | **QACA** |
| Type of Plan | 401(k), 457(b), 403(b) | 401(k), 457(b), 403(b) | 401(k), 403(b) |
| Effective Date for existing plans | Any time during the Plan Year | First day of the Plan Year | First day of the Plan Year |
| Automatic Salary Deferral Percentage | Yes | Yes | Yes |
| Automatic annual deferral escalation | Optional | Optional | Required if deferral rate is less than 6% |
| Employees who must be auto enrolled | Allowed to auto enroll only those Employees hired or who become eligible after the effective date of the auto enrollment feature. Optional- all employees who do not have an affirmative election in effect | Generally, all employees who do not have an affirmative election in effect. Optional - Plan may auto enroll only those Employees hired or who become eligible after the effective date of the auto enrollment. If the Plan elects this population, the Plan is not eligible for the extension of the distribution period for refunds of excess contributions to six (6) months following the end of the plan year | All employees who do not have an affirmative election in effect |
| Participant Notice Requirement | Yes, to only defaulted Employees | Yes, to all eligible Covered Employees1 | Yes, to all eligible Employees |
| Salary deferrals fully vested | Yes | Yes | Yes |
| 90 day withdrawal option | No | Yes | Yes, only if the Plan is also EACA |
| Required Employer Contributions | No | No | Yes |
| Required Vesting Schedule for Employer Contributions | No | No | Yes - must fully vest after no more than 2 years of service. |
| Qualified Default Investment Alternative (“QDIA”) Required | Optional | Optional | Optional |
| ERISA Preemption of state anti-garnishment laws for Plans subject to ERISA | Yes2 | Yes2 | Yes2 |
| Non-Discrimination testing Safe Harbor | No | No | Yes |
| Automatic extension on excise tax for corrective distributions to 6 months | No | Yes, if all employees who are covered employees under the auto enroll arrangement | N/A |

|  |
| --- |
| 1Covered Employees: Those employees who are subject to the automatic contribution arrangement per the terms of the plan document.  2 Prior to the enactment of the Pension Protection Act of 2006 ("PPA"), there was no clear guidance on whether ERISA preempted contrary state garnishment and other state laws when a Plan has an automatic contribution arrangement. The PPA provided that ERISA preempted any contrary state garnishment and other state laws. In final regulations issued on October 24, 2007, the DOL took the position that any plan using an automatic contribution arrangement and providing the specified notice to participants receives ERISA preemption of contrary state garnishment and other state laws, even if the Plan does not use a QDIA as the Plan's default investment option.  **This comparison does not constitute legal, tax or financial advice, and is intended as an informal reference source only. In addition, this schedule may not be accurate for a particular circumstance or apply to all situations.** |

**Information Sharing for 403(b) plans with Multiple Vendors Addendum H**

|  |  |
| --- | --- |
| **Plan Name:** | **Plan Number:** |

# 403(b) Regulations (effective 01/01/09)

|  |  |  |  |
| --- | --- | --- | --- |
| Is the plan Exclusive? | Yes  No | Is this a Church Plan? | Yes  No |

|  |  |  |
| --- | --- | --- |
| **Category of Plan** | **Check which applies** (please select one only) | **Definition** |
| Grandfathered (category G) |  | No payroll slot after 12/31/04. No new contributions were received on or after 1/1/05. New regulations do not apply. |
| Orphaned Contract (category O) |  | Had a payroll slot at some time between 1/1/05 and 12/31/08. No new contributions were received on or after 1/1/09. |
| Payroll Slot Vendor (category P) |  | Has a payroll slot on and after 1/1/09. New contributions were received on or after 1/1/09. New regulations apply. |
| Terminated Payroll Slot (category T) |  | Payroll slot after 1/1/09 but has since terminated. Contributions were received on or after 1/1/09, but will not longer be received. |

**Information Sharing for 403(b) plans with Multiple Vendors (cont.): Approved Vendors**

|  |  |  |
| --- | --- | --- |
| **Approved Vendors within the Plan and Contact Information** | Transactions Allowed at FASCore? | Payroll Slot on or after 1/1/09 |
| 1.Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Technical Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account/plan number at vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Incoming Exchange from (IEX)  Yes  No  Outgoing Exchange to (VEX)  Yes  No  Hardship (HAV)  Yes  No | Yes  No |
| 2.Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Technical Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account/plan number at vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Incoming Exchange from (IEX)  Yes  No  Outgoing Exchange to (VEX)  Yes  No  Hardship (HAV)  Yes  No | Yes  No |
| 3.Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Technical Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account/plan number at vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Incoming Exchange from (IEX)  Yes  No  Outgoing Exchange to (VEX)  Yes  No  Hardship (HAV)  Yes  No | Yes  No |
| MetLife Variable/Fixed Annuities (MICC) (IEX/VEX CSVID 599248)  Exchanges in allowed:  Yes  No Exchanges out allowed:  Yes No | Hardship (HAV)  Yes  No | Yes  No |
| MetLife Variable Annuities (MLIC) (IEX/VEX CSVID 599249)  Exchanges in allowed:  Yes  No Exchanges out allowed:  Yes No | Hardship (HAV)  Yes  No | Yes  No |

If the Plan has more than 3 vendors, please attach additional sheet with required information.

**Information Sharing for 403(b) plans with Multiple Vendors (cont.)**

**Aggregator Information**

|  |  |
| --- | --- |
| Is FASCore the Plan’s Aggregator?  If yes, each approved vendor:   * will be set up on FASCore’s system with a contact servicer record (VAC) * will be required to send monthly data files in an acceptable electronic format * will be issued a PartnerLink ID to access the information sharing website   FASCore Aggregation Services include Approval Services for the following transactions, if allowed by the plan:   * Safe Harbor Hardships * QDROs * Beneficiary Verification (at the time of Death Benefit Claim) * Incoming Rollovers   The Plan will not be required to sign off on Participant Loan Requests, Distributions (Separation from Service), Age 59 ½ Distributions, Required Minimum Distributions and Exchanges In and Out. If applicable, In-Service and Disability Distributions will be routed to the employer via the To-Do-List.  Plan must provide indicative data to receive services. Additional fees apply. | Yes  No |

**If FASCore is not the Plan’s Aggregator, please provide the information requested below regarding the Plan’s Aggregator (if this section is left blank, the employer or a previously reported vendor will be assumed to be the Aggregator). A vendor that is set up as Aggregator (with the DFR contact servicer type) will begin to receive monthly information sharing files from FASCore as soon as FTP connectivity is established with the vendor and files can be provided.**

|  |  |
| --- | --- |
| Vendor Name (Aggregator, DFR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Technical Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Vendor Source ID** to include on the data file (Aggregator assigns this ID to FASCore to use to identify where a file is coming from): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If unknown FASCore will contact the aggregator. | |
| **Aggregator plan ID** or Employer Plan Identifier to include on the data file (Aggregator assigns this ID to FASCore to associate the file with the plan): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If unknown FASCore will contact the aggregator. | |
| What file format data does the Aggregator want to receive the monthly data point in time file? (If the Aggregator is already receiving information sharing files from FASCore, this format must be consistent with what they are currently receiving. If nothing is elected the default format is SPARK.) | SPARK - Standard file – calculated hardship and summary loan information  SPKXL – SPARK Standard file - Excel friendly – calculated hardship and summary loan information  SIMPL - simplified version of SPARK Standard file  SPKCD – SPARK Standard file – component hardship and detail loan information  SPKMD – SPARK Standard file – calculated (maximum) hardship and detail loan information  SPKCS – SPARK Standard file – component hardship and summary loan information |

|  |  |
| --- | --- |
| **Information Sharing for 403(b) plans with Multiple Vendors (cont.):** | |
| Does the Aggregator want to receive a daily distribution file? (This is in addition to the standard monthly point in time file. If the Aggregator is already receiving daily files from FASCore, this must be consistent with what they are currently receiving. If nothing is elected the default is No). | Yes  No |
| **If any of the aggregator information above is unknown, FASCore will contact the aggregator to obtain the information.** | |

**Additional Plans**

|  |  |
| --- | --- |
| Does this employer have any other related plans with MetLife?  If yes, please provide plan name(s) and plan number(s) for plans that should also have information sharing files sent. Note that 457(f), 415(m) or NQDC plans do not need to be considered for information sharing.  Plan Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Plan Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IRS Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Plan Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Plan Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IRS Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No |

**Instructions on how to contact the Vendor for participant data (Aggregator)**

|  |  |
| --- | --- |
| Website/URL: |  |
| Vendor Name (TIS): |  |
| Phone Number: |  |
| Fax Number: |  |
| Login ID/Password: |  |
| If login ID/password are not provided, please provide instructions for requesting access to website: |  |
| **If the information above is unknown, FASCore will contact the aggregator to obtain the information.** | |

**Information Sharing for 403(b) plans with Multiple Vendors (cont.):**

**Transaction Approval (when FASCore is not the Aggregator)**

|  |  |  |
| --- | --- | --- |
| **Transaction Type** | **Who will approve?** | **How?** |
| Distributions (Separation from Service) | Plan Sponsor  Aggregator/TPA | Signature on form\*  FASCore To Do List  Certificate and/or attachment  Aggregator Website |
| In service Distribution | Plan Sponsor  Aggregator/TPA | Signature on form\*  FASCore To Do List  Certificate and/or attachment  Aggregator Website |
| Age 59 ½ | Plan Sponsor  Aggregator/TPA | Signature on form\*  FASCore To Do List  Certificate and/or attachment  Aggregator Website |
| Required Minimum Distribution | Plan Sponsor  Aggregator/TPA | Signature on form\*  FASCore To Do List  Certificate and/or attachment  Aggregator Website |
| Hardships | Plan Sponsor  Aggregator/TPA  FASCore Approval Services | Signature on form\*  FASCore To Do List  Certificate and/or attachment  Aggregator Website  FASCore Approval Services – requires a completed Approval Services Election Form and additional fees apply. |
| Loans | Plan Sponsor  Aggregator/TPA | Signature on form\*  FASCore To Do List  Certificate and/or attachment  Aggregator Website |
| QDROs | Plan Sponsor  Aggregator/TPA  FASCore Approval Services | Signature on form\*  Aggregator Website  Certificate and/or attachment  FASCore Approval Services – requires a completed Approval Services Election Form and additional fees apply. |
| Death claims | Plan Sponsor  Aggregator/TPA  FASCore Approval Services | Signature on form\*  FASCore To Do List  Certificate and/or attachment  Aggregator Website  FASCore Approval Services – requires a completed Approval Services Election Form and additional fees apply. |
| Rollover In | Plan Sponsor  Aggregator/TPA  FASCore Approval Services | Signature on form\*  Aggregator Website  Certificate and/or attachment  FASCore Approval Services – requires a completed Approval Services Election Form and additional fees apply. |
| Exchanges In | Plan Sponsor  Aggregator/TPA  FASCore Signatureless Processing | Signature on form\*  Aggregator Website  Certificate and/or attachment  FASCore Signatureless Processing – requires a completed Approval Services/Signatureless Processing Form |
| Exchanges Out | Plan Sponsor  Aggregator/TPA  FASCore Signatureless Processing | Signature on form\*  Aggregator Website  Certificate and/or attachment  FASCore Signatureless Processing – requires a completed Approval Services/Signatureless Processing Form |

\* Any transactions being approved with a signature on a form will require a signature card on file at FASCore.

* If the approval will be provided using a certificate or other attachment, FASCore may request a copy.
* If the approval will be provided using FASCore’s To Do List, please make sure that the proper access ID is requested using the PSC User Authorization Form and the Signature Authorization Form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Plan Sponsor Signature**  **Date**

          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Plan Sponsor Name (Printed)**

**Common Remitter Addendum I**

Complete this addendum only if MetLife will be providing Common Remitter Services

**Specifications**

|  |
| --- |
| * **If common remitting for separate plan types, separate Common Remitter plans will be setup for each plan type.** * **Participant investment provider elections are tracked by percent and apply across all money types.** * **Output files using the SPARK standard file format will be generated for each vendor and sent via FTP.** |

|  |
| --- |
| **Investment Providers/Vendors receiving contributions** |
| **Vendor Name:** **MetLife Variable Annuities (MLIC) –** this represents Tampa  PLP Contact CSV ID 558159  IPC Contact CSV ID 563356    **MetLife Group #**: **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ MetLife must provide this number per plan**  The group # is a 7 digit number |
| **Vendor Name: MetLife Variable/Fixed Annuities (MICC) –** this represents Bloomfield  PLP Contact CSV ID 558158  IPC Contact CSV ID 563355  **MetLife Case#/Bill Agree#**: **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**  **MetLife must provide both of these numbers per plan.** The case # is 6 digits and the bill agree is a 7 digit/character #. |
| **Vendor Name: MetLife Mutual Fund & Annuities –** this represents Met/FASCore Account  PLP Contact CSV ID 468558 |
| **Please Note:**  Wires are sent to MetLife  Data files sent in the MetLife Simplified file format via FTP |
|  |
| **Vendor Election - ONLY Percentage (%) Elections allowed.** |
| **Please check the box to verify you have read and understand the following statement:**  Allocations must equal 100%, including the sum of allocations to multiple vendors. |

**Common Remitter (cont.): Vendor Information**

*FASCore will contact each vendor to obtain payment and file information.*

|  |  |
| --- | --- |
|  | |
| **Investment Providers/Vendors receiving contributions** | |
|  | |
| **Vendor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Technical Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Business Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |
| **Vendor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Technical Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Business Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |
| **Vendor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Technical Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Business Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |
| **Vendor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Technical Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Business Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_  Phone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Plan Sponsor Signature**  **Date**

          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Plan Sponsor Name (Printed)**

**Qualified Default Investment Alternative (QDIA) Selection Form Addendum J**

***Selected Participant Level QDIA Options*** *– Select one of the following QDIA options from the available investment options in your Plan.*

|  |
| --- |
| **Managed Account Investment Option**  In order for this option to qualify as a QDIA, Plan Sponsor must provide accurate dates of birth and other required information for each defaulted Participant. If Plan Sponsor does not provide the required information, defaulted Participant assets will not be invested in the Managed Accounts Investment option until the required information is received. If the required information is not received within 30 calendar days from the enrollment date, participants will not be enrolled in the Managed Accounts Service and will be responsible for managing their own accounts. If defaulted Participant assets are not timely invested in the Managed Account Investment Option, Plan Sponsor may not receive QDIA protection. Depending on the investment options offered in the Plan and the fees that those investment options charge, QDIA protection may not be available. |
| **Please select one of the following two options to be used with Managed Accounts:**  **Managed Account Back-up Fund – Complete if a Plan is electing Managed Accounts with automatic enrollment but without 90-day permissible withdrawal**  If selecting Managed Accounts as the QDIA with automatic enrollment but without an interim fund, please identify a Managed Account back-up fund. The temporary fund will be used to hold assets for participants for which there is missing BIGS (birthdates, income, gender, state) data. A participant will remain in the temporary fund until the missing BIGS data is provided by the plan. A plan will not have QDIA protection for participants invested in the temporary fund. Once the missing BIGS data is provided, the participants will be moved into Managed Accounts as the QDIA.  Fund name and ticker  **Interim Fund – Must complete if a Plan is electing Managed Accounts**  ***Interim Default Options***: If the Plan Sponsor is selecting the Managed Accounts Investment Option, the Plan Sponsor must select an interim default investment option. This interim default option will be used during approximately the first 105 days after a participant’s initial elective contribution into the Plan. At the end of this time period, all defaulted participant assets in the interim default option will be transferred to Managed Accounts. The Plan may select either a QDIA interim default option or a non-QDIA interim default option below.  Additional notice requirements must be fulfilled if the plan selects an interim default QDIA. QDIA protection may not apply to existing defaulted participant assets placed in the Interim Default Option, unless notice and other QDIA requirements are satisfied. Please select from one of the options below:  **Interim Default Option**– Fund name and ticker  **Interim Default QDIA option** –You may select an interim default QDIA below:  Fund name and ticker |
| **Life-Cycle or Targeted-Retirement-Date Investment Options** – Please enter name of Investment Option and provide participant dates of birth in Table 1 below, if applicable.  In order for this option to qualify as a QDIA, Plan Sponsor must provide accurate dates of birth for each defaulted Participant. If Plan Sponsor does not provide the required information, defaulted Participants will be treated as members of the oldest Participant population, and their assets will be invested according to that population’s designated investment options until the required information is received. If the required information is not provided, Plan Sponsor may not receive QDIA protection. Depending on the investment options offered in the Plan and the fees that those investment options charge, QDIA protection may not be available.  **Interim Fund – Compete if a Plan is electing a 90-day permissible withdrawal option**  ***Interim Default Options***: The Plan may select an interim default fund if the plan has elected a with a 90-day permissible withdrawal option. This interim default option will be used during approximately the first 105 days after a participant’s initial elective contribution into the Plan. At the end of this time period, all defaulted participant assets in the interim default option will be transferred to the QDIA elected. The Plan may select a QDIA interim default option below.  Additional notice requirements must be fulfilled if the plan selects an interim default QDIA. QDIA protection may not apply to existing defaulted participant assets placed in the Interim Default Option, unless notice and other QDIA requirements are satisfied.  **Interim Default QDIA option** –You may select an interim default QDIA below:  Fund name and ticker |

|  |
| --- |
| **Qualified Default Investment Alternative (QDIA) Selection Form (cont.)** |
| **Balanced Fund Investment Option(s), including Asset Allocation Models, Profile Options, etc.** – Please enter name of Investment Option and provide Participant age ranges in Table 1 below, if applicable or write in “All” for the Date of Birth Ranges.  In order for this option to qualify as a QDIA, if Plan Sponsor is not taking Participant ages, risk tolerances, investments or other preferences into account, Plan Sponsor must provide options that are consistent with a level of risk appropriate for plan participants as a whole, or Plan Sponsor may not receive QDIA protection. Depending on the investment options offered in the Plan and the fees that those investment options charge, QDIA protection may not be available.  **Interim Fund – Compete if a Plan is electing a 90 day permissible withdrawal option**  ***Interim Default Options***: The Plan may select an interim default fund if the plan has elected a with a 90-day permissible withdrawal option. This interim default option will be used during approximately the first 105 days after a participant’s initial elective contribution into the Plan. At the end of this time period, all defaulted participant assets in the interim default option will be transferred to the QDIA elected. The Plan may select either a QDIA interim default option below.  Additional notice requirements must be fulfilled if the plan selects an interim default QDIA. QDIA protection may not apply to existing defaulted participant assets placed in the Interim Default Option, unless notice and other QDIA requirements are satisfied.  **Interim Default QDIA option** –You may select an interim default QDIA below:  Fund name and ticker |

**Table 1**

|  |  |
| --- | --- |
| **QDIA Option(s)** (choose appropriate default option(s) from the plan’s available investment options) | **Participant Date or Age Ranges** |
| Option Name:  Ticker: | Year of Birth or Age range from             to |
| Option Name:  Ticker: | Year of Birth or Age range from             to |
| Option Name:  Ticker: | Year of Birth or Age range from             to |
| Option Name:  Ticker: | Year of Birth or Age range from             to |
| Option Name:  Ticker: | Year of Birth or Age range from             to |
| Option Name:  Ticker: | Year of Birth or Age range from             to |
| Option Name:  Ticker: | Year of Birth or Age range from             to |
| Option Name:  Ticker: | Year of Birth or Age range from             to |
| Option Name:  Ticker: | Year of Birth or Age range from             to |

**Qualified Default Investment Alternative (QDIA) Selection Form (cont.)**

**How to apply selected QDIA Assets to the Participant Population**

|  |
| --- |
| **Option 1:** (Plan Sponsor election for Grandfathered QDIA; Not Applicable when Managed Account is default)  Plan Sponsor instructs the Service Center to treat the Plan’s existing default fund as a grandfathered QDIA such that protection will apply for assets in the grandfathered default fund as of December 24, 2007.  ***If this option is selected, please select either Option 2 or Option 3 below.*** |
| **Option 2:** (applies to new participants only)  These QDIA elections above shall apply only to new defaulted Participant assets contributed to the Plan after the Date mutually agreed upon between the Service Center and the Plan. |
| **Option 3:** (applies only to future contributions for new and existing participants)  The QDIA election above shall apply only to future contributions for both newly defaulted Participants as well as existing Participants for assets contributed to the Plan after the Date mutually agreed upon between the Service Center and the Plan.  If you have additional participants that need to be defaulted, check this box to indicate you have attached a list of group account numbers, Participant names and social security numbers. |
| **Option 4:** (applies to all defaulted assets and future contributions for existing participants and new participants)  All defaulted Participant accounts invested in the [insert name of prior default investment option [               ] fund shall be mapped to the QDIA elected above. Existing assets shall be moved and all future contributions shall be invested in the QDIA elected above.  If you have additional participants that need to be defaulted, check this box to indicate you have attached a list of group account numbers, Participant names and social security numbers. |
| *\* The DOL regulations specify that certain stable value funds satisfy the requirements for a grandfathered QDIA, and certain prior assets defaulted into grandfathered QDIAs receive QDIA protection 30 days after notice is provided to participants. Service Center can provide the Plan with a sample notice that would satisfy these requirements.* |

**Qualified Default Investment Alternative (QDIA) Selection Form (cont.)**

**QDIA Plan Sponsor Acknowledgements and Authorization**

In order to elect a QDIA using this form, the Plan Sponsor must make the following acknowledgements.

QDIA elections are established to allow investment of Participant and Plan deposits if Participants do not make investment elections or enrollment forms are incomplete or not received by the Service Center prior to receipt of deposits. QDIA protection may not apply to investment of participant assets where participants have made affirmative investment elections. Once a Participant account has been established, all new deposits will either be invested in the investment options the Participant has elected, or will be defaulted pursuant to the elections on this form. It is the Participant’s responsibility to call the VRU or visit the Web Site to transfer existing monies from the default investment option.

The Plan Sponsor is solely responsible for selecting a default investment option on this Qualified Default Investment Alternative (QDIA) Selection Form which satisfies the DOL regulations applicable to QDIAs. The Service Center cannot determine or provide guidance as to whether any of the investment options available under any Service Center product offering constitute a QDIA. If the Plan Sponsor elects one or more QDIA(s), the Plan Sponsor agrees that Service Center or its affiliates will not be held liable for any claims, liabilities, or expenses arising from or alleged to arise as a result of any default investment option selected by the Plan Sponsor later being determined not to qualify as a QDIA.

With respect to deceased participants and/or beneficiaries, the Plan Sponsor acknowledges that, because of notice requirements and participant information that may no longer be eligible for QDIA determination and selection, QDIA protection may not be available on participant accounts for deceased participants or recent beneficiaries.

The Plan Sponsor acknowledges and accepts full responsibility for any consequences of failing to satisfy the notice and/or prospectus delivery requirements, including any penalties.

The Plan Sponsor acknowledges that the timely implementation of the QDIA Selection is contingent on the Plan Sponsor’s timely submission of the QDIA Selection Form, satisfying any QDIA-related requirements, and completion of any set up tasks that will be communicated to the Plan Sponsor during the implementation process. The Plan Sponsor also acknowledges that, with respect to Grandfathered QDIA options, certain QDIA-related requirements, including notice requirements, must be satisfied before QDIA protection applies.

By signing this form the Authorized Plan Representative acknowledges and agrees having read, understood and elected to implement the selected options for this plan. The Authorized Plan Representative acknowledges and agrees that these elections supersede any elections designated previously as the Plan’s default funds.

As the individual authorized to sign on behalf of the Plan Sponsor, I certify that I have the authority to sign this Election Form and have read and reviewed the above requirements for the QDIA service and understand that by signing this form I am selecting the QDIA default investment option with respect to the Plan as described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Plan Representative Signature Date

**QDIA Disclosure Attachment**

***Managed Account Investment Option***[This disclosure is intended for Service Center customers and is generally appropriate for the AAG Managed Account Service.]

[Plan Sponsors that select Managed Accounts as an investment option under the Plan may also select Managed Accounts as the default investment option for Plan Participants who do not make an investment direction. Under the Managed Accounts service, Advised Assets Group, LLC (“AAG”), will allocate each Participant’s individual account assets on a discretionary basis among the mutual funds that Plan Sponsor selects as investment options for the plan, taking into account the Participant’s individual circumstances. In order to be invested in the Managed Accounts service, Participants must be enrolled in the Managed Account service prior to Service Center’s receipt of payroll files or transfer/rollover assets received following the conversion period. Participants with inaccurate or missing indicative data will not be enrolled into the Managed Account service. If defaulted Participant assets are not timely invested in the Managed Account Investment Option, or if Participant data is inaccurate and Service Center is not informed of that inaccuracy, Plan Sponsor may not receive QDIA protection.

If a Plan Sponsor selects the Managed Account default fund option, newly eligible participants will be enrolled into the Managed Account service via the Plan’s eligibility file processed through the Plan Service Center.

For existing defaulted Participants, after transferred Plan assets have been mapped to the Service Center recordkeeping platform, if elected in the QDIA Selection Form attached, Plan Sponsor authorizes AAG to automatically enroll all existing participants in the Managed Account Service, except those Participants who have notified AAG otherwise or provided affirmative investment direction prior to the deadline provided. Those Participants that are not enrolled in Managed Accounts will maintain the investment allocations selected by the Plan Sponsor. By selecting Managed Accounts as the default option, Plan Sponsor acknowledges receipt of the Managed Account Default Disclosure attached to this Default Fund Designation, and agrees on behalf of the Plan to the terms and conditions under which Managed Accounts are offered, including the fees charged for the Managed Accounts Program. Please note that if the Plan offers certain investments within a Managed Account feature, QDIA protection may not apply.]

***Targeted-Retirement-Date or Life-Cycle Options*** [This disclosure is intended for Service Center customers and is generally appropriate for Targeted-Retirement-Date or Life-Cycle Options.]

[Targeted-Retirement-Date or Life-Cycle Funds are generally age-based investment options consisting of mutual funds or asset allocation models that are intended to invest in a manner appropriate for Participants and Beneficiaries within a particular age group. These options apply generally accepted investment theories, are diversified so as to minimize risk and provide varying degrees of long-term appreciation and capital preservation through a mix of equity and fixed income exposures. Typically, age-based options will invest a larger percentage of assets in equity securities for Participants within younger age groups and will change their asset allocations and risk exposures over time with the objective of becoming more conservative as participants within an age group grow older. Plan Participants that are missing birth date information will be invested in the Participant-level default option that is designed to be most conservative, as selected by their Plan. Depending on the investment options offered in the Plan and the fees that those investment options charge, QDIA protection may not be available. Please see each option’s prospectus for additional information.]

***Balanced Fund Options*** [This disclosure is intended for Service Center customers and is generally appropriate for Balanced Fund Options.]

[Balanced investment options are mutual funds or asset allocation models that are intended to be consistent with a target level of risk that is appropriate for Participants of the Plan as a whole. These options apply generally accepted investment theories, are diversified so as to minimize risk and provide varying degrees of long-term appreciation and capital preservation through a mix of equity and fixed-income exposures. Generally, these options are not required to take into account individual Participant age, risk tolerances, investments or other preferences for purposes of asset allocation and investment decisions. Some balanced fund options may make asset allocation decisions based on a risk preference or risk profile. Typically, the more risk an option takes, the more volatility that option will experience. Less risky options are likely to experience less volatility, but, they may not provide an opportunity for the same degree of long-term appreciation as riskier option. Risk-based option holdings may change periodically, but certain risk-based option allocations may maintain the same level of risk over time. Once a Participant has been defaulted into a risk-based investment option, they will remain in that option unless the Participant makes an affirmative election into another option. Changes in a Participant’s age will not result in their assets being invested in a different risk-based option. Plan Participants who are missing birth date information will be treated as members of the oldest population of plan participants, based on the investment options selected by their Plan. Depending on the investment options offered in the Plan and the fees that those investment options charge, QDIA protection may not be available. Please see each option’s prospectus (if applicable) for additional information.]

|  |  |  |
| --- | --- | --- |
| Payroll Locations – Complete if multiple payroll centers Addendum K | | |
| 1. **Payroll Location** | Payroll Location Name  Payroll Contact  Address  City                 State       Zip Code  Phone (    )      -  Fax (    )      -  Payroll Frequency:  Weekly Location Code  Bi-Weekly E-mail address  Semi-Monthly  Monthly Beginning date:      /      / | |
| *For internal use only*  Paycenter  Paycenter #:  Paycenter Name:  Division  Division #:  Division Name: |
| 1. **Payroll Location** | Payroll Location Name  Payroll Contact  Address  City                 State       Zip Code  Phone (    )      -  Fax (    )      -  Payroll Frequency:  Weekly Location Code  Bi-Weekly E-mail address  Semi-Monthly  Monthly Beginning date:      /      / | |
| *For internal use only*  Paycenter  Paycenter #:  Paycenter Name:  Division  Division #:  Division Name: |
| 1. **Payroll Location** | Payroll Location Name  Payroll Contact  Address  City                 State       Zip Code  Phone (    )      -  Fax (    )      -  Payroll Frequency:  Weekly Location Code  Bi-Weekly E-mail address  Semi-Monthly  Monthly Beginning date:      /      / | |
| *For internal use only*  Paycenter  Paycenter #:  Paycenter Name:  Division  Division #:  Division Name: |