**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.**

[x]  **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)**

[x]  **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.

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

[ ]  **Online Enrollment, Automatic Enrollment and Deferral Processing (Addendum E)** – Please submit this addendum when the plan has chosen Online or Auto Enrollment and/or Deferral Processing.

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

*\*Cost to MetLife if FASCore provides QDIA Notices: Initial Notice $3000.00/Annual Notice $1500.00 per plan*

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

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

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

[ ]  **Plan and Participant Level Fee Disclosure (Addendum J)**

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

**MetLife Representative Name (Print)**

**Signature Authorization Addendum A**

|  |  |  |
| --- | --- | --- |
| **Plan Account Number** | **Employer Name** | **Signature Authorization** |
|  |  | **[x]** 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**

# **Plan Service Center (PSC) Authorization Request** **Addendum B**

#

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’s employees and other Plan Sponsor designated 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 identified in Part I agrees to notify PSC in the event that any of the below users’ access is terminated. 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,.**

|  |  |
| --- | --- |
| **Plan Name**:      | **Plan Number**:      |
| * If your plan is in the Implementation Process - return this form with your Implementation Worksheet Submission Package
* If you are an existing Plan Sponsor and adding a new user or changing an existing user – return to:
 |
| Contact Name: Mailing Address: City, State Zip: | **PSC – Plan Technical Support – Security Team Fax: (303) 737-6717****8515 E. Orchard Road, 4T2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_security@retirementpartner.com****Greenwood Village, CO 80111** |

**Part I: PLAN SPONSOR INFORMATION**

|  |  |
| --- | --- |
| Contact Name:      | Pay Center:      Division:      (if applicable) |
| Contact E-mail Address:      | Contact Phone:      Ext:       |

**Part II: PLAN SERVICE CENTER (PSC) LOGIN REQUEST**

|  |
| --- |
| **Access Levels Available****Inquiry** = view participant/plan and compliance information. Order reports and print forms. If applicable, access fee disclosure documentation.**Full** = includes everything under Inquiry and enter, alter or delete participant information. This also allows you to view/update compliance information, as well as upload census files. If applicable, access fee disclosure documentation.**Contribution Processing** = Includes contribution processing and pay plan expenses (if applicable). For contribution processing, please note the following: Full PSC User Access PROVIDES ACCESS AND AUTHORITY TO DEBIT APPLICABLE BANK ACCOUNTS. |
| **TO DO LIST****To Do List Access allows plan sponsors to complete and approve certain participant disbursement and loan requests online via the PSC. Benefits to the plan sponsor include immediate notification of missing information, a reduction in administrative work, and increased security and participant privacy.****Inquiry** = view items in To Do List**Full** = authorize items in To Do List such as distributions and loans (Requires Signature Authorization form be completed by user.) \* The plan must have at least 1 User with Full To Do List Access. |

**Plan Service Center (PSC) Authorization Request (cont.)**

To obtain access for PSC users requiring access to your plan, please complete the following (addendums may be attached as needed):

|  |  |
| --- | --- |
| **1)** User Name:       | Four Digit Security Code **\_\_** **\_\_ \_\_ \_\_**  (May be a combination of alpha and/or numeric digits. This is used to verify user identity when calling PTS for user password reset requests. ) |
| E-Mail Address:       | Phone #:      |
| User Type: Please Check One |  Client Employee: [ ]   | TPA: [ ]  | Other: [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A) Inquiry Access to Plan and Participant level data: Yes [ ]  No [ ]  |
| B) Full Access to Plan and Participant level data: Yes [ ]  No [ ]  (in order to have FULL Access to plan and participant level data, the “Yes” box must be checked for Inquiry Access to plan and participant level data) | C) Contribution Processing:Yes [ ]  No [ ] (in order to have FULL Access to contribution processing, the “Yes” box must be checked for Inquiry Access to plan and participant level data **AND** the “Yes” box must be checked for Full Access to plan and participant level data) |
| To Do List: [ ]  Full [ ]  Inquiry | Current PSC ID:       |
| **2)** User Name:       | Four Digit Security Code **\_\_** **\_\_ \_\_ \_\_**  (May be a combination of alpha and/or numeric digits. This is used to verify user identity when calling PTS for user password reset requests. ) |
| E-Mail Address:       | Phone #:      |
| User Type: Please Check One |  Client Employee: [ ]   | TPA: [ ]  | Other: [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A) Inquiry Access to Plan and Participant level data: Yes [ ]  No [ ]  |
| B) Full Access to Plan and Participant level data: Yes [ ]  No [ ]  (in order to have FULL Access to plan and participant level data, the “Yes” box must be checked for Inquiry Access to plan and participant level data) | C) Contribution Processing:Yes [ ]  No [ ] (in order to have FULL Access to contribution processing, the “Yes” box must be checked for Inquiry Access to plan and participant level data **AND** the “Yes” box must be checked for Full Access to plan and participant level data) |
| To Do List: [ ]  Full [ ]  Inquiry | Current PSC ID:       |
| **3)** User Name:       | Four Digit Security Code **\_\_** **\_\_ \_\_ \_\_**  (May be a combination of alpha and/or numeric digits. This is used to verify user identity when calling PTS for user password reset requests. ) |
| E-Mail Address:       | Phone #:      |
| User Type: Please Check One |  Client Employee: [ ]   | TPA: [ ]  | Other: [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A) Inquiry Access to Plan and Participant level data: Yes [ ]  No [ ]  |
| B) Full Access to Plan and Participant level data: Yes [ ]  No [ ]  (in order to have FULL Access to plan and participant level data, the “Yes” box must be checked for Inquiry Access to plan and participant level data) | C) Contribution Processing:Yes [ ]  No [ ] (in order to have FULL Access to contribution processing, the “Yes” box must be checked for Inquiry Access to plan and participant level data **AND** the “Yes” box must be checked for Full Access to plan and participant level data) |
| To Do List: [ ]  Full [ ]  Inquiry | Current PSC ID:       |

### Plan Service Center (PSC) Authorization Request (cont.)

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

I, the approved authorized signer of the plan information form, agree to notify each of the User Names listed to maintain the confidentiality of logon and password information provided by PSC and will not share such information with any third parties.  I am authorized to grant the access being requested and have determined that such access is appropriate under the plan and applicable law.  I acknowledge that my company is responsible for any breach of confidentiality resulting from this authorization.  This access will remain in place until MetLife is informed otherwise in writing.  I acknowledge that all plan participant and employee data available through the PSC is considered confidential and will be treated as such by all PSC Users.

Authorized Plan Signor

Signature: Print Name:

Title:       E-mail:

Phone Number:      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 E-mail: 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****.*

|  |
| --- |
| Conversion Information Addendum D |
| **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 ProviderCompany                     Name                     Address                     City           State       Zip Code       Phone (    )      -       Fax (    )      -      E-mail                      |
| **Estimated amount plan assets**$           | **Are there Outstanding Loans?**[ ]  Yes: approximate number       [ ]  NoIf 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 |
| Please choose ALL applicable options below if there will be existing assets transferring into the plan: |
| [ ]  **1.** **Assets held in Holding Account designated fund:** 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 indicated below:100% will be Defaulted into the        Fund (group level holding account) upon receipt from prior asset holder. 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).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. |
| [ ]  **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:Fund name:       Fund cusip:        or Fund ticker symbol:       **Please Provide Investment Mapping Instructions (separate cover) in ELECTRONIC FORMAT and provide the related FASCore SDIO codes.** |
| **Fund to Fund Mapping Template (example)** |
| *Prior Fund Code - Prior Fund Name* | *To* | *MetLife Fund Code – MetLife Fund Name* |
| *Prior Fund Code - Prior Fund Name Prior Fund Code - Prior Fund Name**Prior Fund Code - Prior Fund Name* | *To* | *MetLife Fund Code – MetLife Fund Name* |
| **[ ]  3**. **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:       |

Online Enrollment & Deferral Set-Up Addendum Addendum E

|  |  |
| --- | --- |
| **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) (Entire Document) |
| **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 **[ ]** YesIf 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 |

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

**(Complete if Automatic Enrollment Election confirmed in Addendum G - Part 3)**

|  |  |
| --- | --- |
| **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. |

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**

**(You may only select one type. Refer to pages 4 & 5 for additional information.)**

|  |
| --- |
| **[ ]  Pre-PPA ACA:** Plan chooses to satisfy the requirements of a Pre-PPA1 Automatic Contribution Arrangement. |
| [ ]  **PPA ACA:** Plan chooses to satisfy the requirements of an Automatic Contribution Arrangement (PPA ACA) created under the PPA1 which requires a QDIA. |
| [ ]  **PPA EACA:** Plan chooses to satisfy the requirements of an Eligible Automatic Contribution Arrangement (EACA) created under the PPA1. **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. |
| **[ ]  PPA QACA:** Plan chooses to satisfy the requirements of a Qualified Automatic Contribution Arrangement (QACA) created under the PPA1. **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 or nonelective contribution, attached is a letter explaining the enhanced matching or nonelective contribution. Please include employer match calculation time period (per pay period, monthly, quarterly, or annually). NOTE: The automatic enrollment notices provided by the Service Center cannot incorporate a description of an enhanced QACA matching or 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. Please see additional information on Pg 4.  **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. 1PPA refers to the Pension Protection Act of 2006. |

**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 Center 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)****[ ]  Election of at least Automatic Deferral Percent:**  Service Center will automatically enroll all eligible employees with a deferral percentage that is less than the automatic enrollment deferral percentage listed in Section E starting on the automatic enrollment effective date noted in Section B and newly eligible employees going forward. This will include participants with a salary deferral percentage of 0%.**[ ]  No existing Salary Reduction Agreement:** Service Center will only enroll eligible employees who do not have a deferral election on file starting on the automatic enrollment effective date noted in Section B and newly eligible employees going forward. NOTE: An election to defer 0% or 0$ is considered an affirmative election.**[ ]  New Participants Entry Date:** Service Center will only enroll eligible employees who become eligible to participate in the plan on or after the automatic enrollment effective date noted in Section B. 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 unenrolled will not be automatically enrolled. THIS OPTION IS NOT AVAILABLE FOR PLANS SELECTING QACA.**[ ]  New Participants Hire Date:**  Service Center will only enroll employees who become eligible and are hired on or after the automatic enrollment effective date noted in Section B. 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 unenrolled will not be automatically enrolled. THIS OPTION IS NOT AVAILABLE FOR PLANS SELECTING QACA. |

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

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| --- |
| 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. |

**VI. 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 Center is providing eligibility determination services. This information must be provided to Service Center at least 60 days before the employee's participation date in order for Service Center to provide applicable Notices to eligible employees. Plan Sponsor is responsible for providing Notices to eligible employees if this information cannot be provided to Service Center within the above time frame. 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 Center to deposit that individual's deferrals into the default investment option that is selected by the Authorized Plan Administrator. The Plan acknowledges that Service Center will provide the applicable notices, based on the most current guidance and information available. Service Center 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 Center 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 Center shall establish a time line for the implementation of automatic enrollment services. As part of this process, Service Center 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 Center makes no representations that the PIN letter satisfies any notice requirements that may apply to the Plan. If Service Center is otherwise responsible for preparing Plan documents, the Plan Sponsor directs Service Center 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 Center 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. |

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

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

**Printed Name**

[ ]  QDIA is selected. Default Election form completed and attached.

**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 four different types of ACAs that a Plan Sponsor can offer: 1) Pre-PPA2 ACA; 2) PPA ACA; 3) PPA Eligible Automatic Contribution Arrangement (“PPA EACA”); and 4) PPA Qualified Automatic Contribution Arrangement (“PPA 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.

**Pre-PPA Automatic Contribution Arrangement**

This arrangement is available for 401(k), 403(b) and 457(b) plans. A Plan Sponsor can offer a Pre-PPA ACA pursuant to Internal Revenue Service Revenue Rulings 2000-8, 2000-33 and 2000-35, which pre-dates the Pension Protection Act of 2006 (“Pre-PPA ACA”). Like the PPA ACA, PPA EACA and PPA QACA options discussed below, the Pre-PPA ACA requires the establishment of an automatic salary deferral percentage. In addition, similar to the other options below, the Pre-PPA ACA includes the optional establishment of scheduled deferral increases. The Pre-PPA ACA does not have a 90-day withdrawal period election nor does it require employer contributions.

**PPA Automatic Contribution Arrangement**

A PPA ACA is available for 401(k), 403(b) and 457(b) plans. Like the Pre-PPA ACA option above and the EACA and QACA options below, the PPA ACA requires the establishment of an automatic salary deferral percentage. In addition, similar to the other ACA options, the PPA ACA includes the optional establishment of scheduled deferral increases. The PPA ACA does not include a 90-day withdrawal period election or require employer contributions. To the extent ERISA applies to the Plan, ERISA invokes preemption of contrary state garnishment and other state laws.

**PPA Eligible Automatic Contribution Arrangement**

A 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.

**PPA QUALIFIED AUTOMATIC CONTRIBUTION ARRANGEMENT**

A QACA is available for 401(k) plans. An arrangement that constitutes a QACA automatically satisfies the ADP and ACP nondiscrimination tests for 401(k) and 401(m) arrangements. In addition, if no other contributions are made to the Plan than those required under a QACA, then the Plan is deemed to satisfy the top heavy testing requirements. If the plan currently has a matching contribution (discretionary or fixed), and this contribution will be maintained in addition to the QACA employer Contribution which is being added to the Plan, please note that in order to ensure the Safe Harbor Plan ACP requirements are satisfied, upon adding the QACA Employer Contribution to the Plan, allocation conditions (if any) will be removed from the additional matching contribution, the plan will reflect that catch-up contributions will be matched, only deferrals up to 6% of compensation will be matched, and if the additional matching contribution is a discretionary match, the additional matching contribution will not exceed 4% of a participant's compensation. If you do not 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 of the first deferral contributed to the plan on behalf of the participant. **COMPARISON CHART2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Feature** | **Pre-PPA1 ACA****(Auto Enrollment used before the PPA)** | **PPA ACA** | **PPA EACA** | **PPA QACA** |
| Type of Plan | 401(k), 457(b), 403(b) | 401(k), 457(b), 403(b) | 401(k), 457(b), 403(b) | 401(k) |
| Effective Date for existing plans | Any time during the Plan Year | 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 | Yes |
| Automatic annual deferral escalation | Optional | Optional | Optional | Required at least at the rates specified under the PPA |
| 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 | 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 only defaulted Employees | Yes, to all eligible Employees | Yes, to all eligible Employees |
| Salary deferrals fully vested | Yes | Yes | Yes | Yes |
| 90 day withdrawal option | No | No | Yes | Yes, only if the Plan is also EACA |
| Required Employer Contributions | No | No | No | Yes |
| Required Vesting Schedule for Employer Contributions | No | No | No | Yes - must fully vest after no more than 2 years of service. |
| Qualified Default Investment Alternative (“QDIA”) Required | Optional | Required | Optional | Optional |
| ERISA Preemption of state anti-garnishment laws for Plans subject to ERISA | DOL Says Yes3 | Yes | DOL Says Yes3 | DOL Says Yes3 |
| Non-Discrimination testing Safe Harbor | No | No | No | Yes |
| Automatic extension on excise tax for corrective distributions to 6 months | No | No | Yes, if all employees who do not have an affirmative election in effect are automatically enrolled | N/A |

1 PPA refers to the Pension Protection Act of 2006.

2 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.

3 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.

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

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

|  |
| --- |
| [ ]  **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 – Complete if a Plan is electing a 90 day permissible withdrawal option as identified within the Automatic Enrollment Services election.*****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**

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| **Option 1:** (Plan Sponsor election for Grandfathered QDIA)[ ]  Plan Sponsor instructs the MetLife 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 MetLife 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 MetLife and the Plan.[ ]  If you have additional participants that need to be defaulted, check this box to indicate you have attached a list of 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 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. MetLife 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 MetLife 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 automated phone system 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 MetLife cannot determine or provide guidance as to whether any of the investment options available under any MetLife product offering constitute a QDIA. If the Plan Sponsor elects one or more QDIA(s), the Plan Sponsor agrees that MetLife 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**

***Balanced Fund Options*** [This disclosure is intended for MetLife 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.]

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

|  |  |
| --- | --- |
| **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.  |
| **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[ ]  NoOutgoing Exchange to (VEX) [ ]  Yes[ ]  NoHardship (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[ ]  NoOutgoing Exchange to (VEX) [ ]  Yes[ ]  NoHardship (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[ ]  NoOutgoing Exchange to (VEX) [ ]  Yes[ ]  NoHardship (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 |

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| **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 H**

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

**Specifications**

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| --- |
| * **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.**
 |

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| --- |
| **Investment Providers/Vendors receiving contributions** |
| **[ ]  Vendor Name:** **MetLife Variable Annuities (MLIC) –** this represents Tampa PLP Contact CSV ID 558159IPC 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 AccountPLP Contact CSV ID 468558 |
| **Please Note:** Wires are sent to MetLifeData 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.*

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|  |
| **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)**

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| Payroll Locations – Complete if multiple payroll centers Addendum I |
| 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*[ ]  PaycenterPaycenter #: 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*[ ]  PaycenterPaycenter #: 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*[ ]  PaycenterPaycenter #: Paycenter Name: [ ]  Division Division #: Division Name:  |