



Payment Request Form

AUTHORIZED PLAN REPRESENTATIVE hereby instructs Great-West Life & Annuity Insurance Company and its affiliates ("Empower") to process the following payments for Plan expenses from Plan assets as directed below.

Section A – Plan Information

Plan Name

Plan Number

Section B – Payment Sources and Amount

1. Forfeiture Account One time Flat Dollar Amount _____ (Please ensure funds are available in the account(s))

☐ Prorate Across All Available Forfeiture Accounts ☐ Specify Forfeiture Account(s) _____

in absence of selection, amount will be prorated across all available forfeiture accounts

2. Participant Accounts – Debited Amounts (calculated using a point in time basis)

Recurring payment calculation to commence as of first day of quarter 1 ☐ 2 ☐ 3 ☐ 4 ☐ **Year** _____
(If left blank, payment calculation will commence as of the first day of the quarter in which this form is received)

Basis Points _____ ☐ One Time ☐ Payment to Recur Annually (prorated quarterly)

Flat Dollar Amount _____ ☐ One Time ☐ Payment to Recur Annually (prorated quarterly)

☐ Pro Rata (debit payment amount across participant accounts based on account balance)

☐ Per Capita (debit an identical payment amount across all participant accounts)

in absence of selection flat dollar amounts will be debited pro rata

Per Participant Charge _____ ☐ One Time ☐ Payment to Recur Annually (prorated quarterly)

Special Instructions:

- ☐ Individual Participant Only (Include full name) _____
☐ Debit participants on attached spreadsheet

3. Plan Expense/ERISA Spending Account ("PEA/ESA") (calculated using an average daily balance)

Recurring payment calculation to commence as of first day of month _____ **Year** _____
(If left blank, payment calculation will commence as of the first day of the month in which this form is received)

Basis Points _____ ☐ One Time ☐ Payment to recur Annually (prorated monthly)

Flat Dollar Amount _____ ☐ One Time ☐ Payment to recur Annually (prorated monthly)

Per Participant _____ ☐ Payment to recur Annually (prorated monthly)

Section C – Reallocate Plan Expense/ERISA Spending Account Balance

Reallocate Plan Expense/ERISA Spending Account Base the reallocation on participant assets as of _____
(Date)

Flat Dollar Amount to reallocate \$ _____ (if no amount provided we will use the balance in the Plan Expense Account as of the date of receipt)

- ☐ Pro Rata (paid across all participant accounts based on account balance on dated listed), across all money types.
☐ Per Capita (identical payments across all participant accounts on date listed), across all money types.

Section D – Payee Information

Payee (please submit a separate form for each payee) Note: Payee name must match name on the IRS Form W-9 provided by the payee

☐ **Third Party Administrator (“TPA”)** – A TPA provides services such as plan document compliance, testing, and 5500 service.

☐ **Investment Advisory Services Firm**

Firm Name: _____

Advisor(s) Name Printed: _____

☐ **Accounting**

☐ Accountant ☐ Payroll ☐ Auditor

☐ **Trustee**

☐ **Legal / Counsel**

☐ **Professional Employer Organization (“PEO”)**

☐ **Other (Payee Type Must Be Specified)** _____

Section E – Payment Information

☐ **New Partner/Payee**

IRS Form W-9 (required)

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

☐ **Existing Partner/Payee** (if payment information is already on file, only the EIN and payee name are required)

Payee (must match Name on W-9) _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone Number _____ **Fax Number** _____

Email Address to be used for payment detail reporting _____

(Payment detail reporting is a summary of all third party payments made to the above payee. A back office email address is recommended)

Form of Payment

☐ **ACH** (default payment method in absence of completed form)

Bank Name _____

Account Number _____ **ABA or Routing Number** _____

*Default account type is Checking

☐ **CHECK** (payment will be sent to above Payee address)

Section F – Plan Representative Authorization

The Payment Authorization Service will be provided at no cost to the Plan Sponsor or the plan participants.

By signing below, you (the “Authorized Plan Representative”) acknowledge and agree that:

1. You are authorized to provide the payment instructions reflected on this form on behalf of the Plan.
2. You have determined that engaging the services of the Payee for a fee is permissible under applicable law, including U.S. Department of Labor and Internal Revenue Service guidance and the terms of the Plan.
3. You have determined that the payment from the Plan you have described via this form represents eligible Plan expenses that may be paid from Plan assets in the manner in which you have designated herein and that such expenses are necessary and reasonable costs associated with administration of the Plan. You acknowledge and agree that, to the extent applicable, the Plan fiduciaries have satisfied the disclosure requirements under ERISA §404(a)(5).
4. You have previously determined an appropriate investment option for the PEA/ESA assets, if applicable. If PEA/ESA assets are invested in a variable investment option, the amount of PEA/ESA assets available to pay plan expenses is limited to 95% of the PEA/ESA balance at the time the payment is processed to account for market fluctuation.
5. In the event that a requested payment from the Plan is to be made to an Investment Advisory Services Firm, you have determined that such direct payment is permissible under applicable law.
6. In the event that a requested payment from the Plan is to be made to the Plan Sponsor, you have determined that the payment does not result in a non-exempt prohibited transaction or other violation of the Code, ERISA or any other applicable law and is otherwise permissible under the terms of the Plan.
7. The Plan acknowledges and agrees that Empower is not a Plan fiduciary and is acting solely at your direction as a remittance or paying agent, and has not performed any due diligence on any Payee, negotiated the terms of the Payee's compensation, determined the compensation paid by the Plan to the Payee is deemed to be reasonable under applicable law, or advised on the means or manner of remitting the Payee's compensation.
8. On behalf of the Plan, you instruct Empower to reclaim from the Payee any and all funds paid to the Payee over the amount the Payee is entitled to receive per the Plan Sponsor's payment instructions as reflected on this form.
9. On behalf of the Plan and the Plan Sponsor, you agree that the payment processing services you have authorized via the instructions reflected on this form will be provided by Empower subject to the terms of the recordkeeping services agreement between the sponsoring Employer and Empower.
10. You may terminate this Authorization at any time by notifying Empower in writing prior to the time that a payment is processed. Any termination of this Payment Authorization will not be effective until written notification is received in good order at the contact information provided below. You acknowledge and agree that Empower is entitled to rely on this Authorization and is released from liability for any payments made pursuant to it.
11. Upon termination of the recordkeeping services agreement with Empower, recurring payments will not be processed for any month following the scheduled liquidation date. (Quarterly payments termed at quarter end). Payments will not be processed from any remaining Plan assets subject to a put or any other applicable liquidation restriction following the Plan's deconversion.
12. In the case of a plan termination, recurring flat dollar payments will not be paid in the month the termination is effective or any month thereafter. Recurring payments from basis points and per participant charges will continue for any full month until the plan assets are fully liquidated. (Quarterly payments termed at quarter end).

Authorized Plan Representative Signature

Date

Print Name

Empower Retirement Partner Services Contact Information:

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