

PART I

RETIREMENT PLAN ACH CONTRIBUTION AUTHORIZATION (Optional, check box below)

<input type="checkbox"/> I elect to use <u>On-Line Payroll Processing</u> and fund the retirement plan contributions via ACH. <input type="checkbox"/> I elect to use <u>On-Line Payroll Processing</u> and fund my retirement plan contributions via wire or check. <input type="checkbox"/> I do not wish to use the <u>On-Line Payroll Processing</u> .
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PART II

The undersigned hereby authorizes Benefit Consultants Group, hereinafter called TPA, to initiate debit entries to the account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

This authorization is for the purpose of facilitating contributions to the _____ Plan (Plan) through direct deposits into the Freedom Account administered by TPA for the benefit of the Plan. It is understood that amounts of the debits may vary. The undersigned will notify TPA of the amount of each contribution to the Plan and payments are authorized in amounts up to the current balance in the account.

(Financial Institution Name) (Branch)

_____ Type of Acct: _____ Ckg: _____ Savings

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

This authority is to remain in full force and effect until TPA has received written notification from the undersigned of its termination in such time and manner as to afford TPA and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name of Employer Tax Identification Number

PART III

WEBSITE ACCESS

This is to be used to provide website access to the following company's plan for the listed named person(s). The access will be in *view* only status.

Company Name: _____ **Name of Plan:** _____

Access Instructions: Please provide the name for website access. The selected person will need to indicate an alpha numeric Login ID from **6 to 12** characters and alpha numeric Password from **6 to 8** characters. *The User ID and Password will be case sensitive.*

Name _____ Position/Title _____

Login ID _____ Password _____

I hereby authorize the name(s) listed above to have access to the named plan website with Benefit Consultants Group.

Signature of Authorized Representative/Trustee Date Title

Please attach a copy of a voided check to this form if you elect to use the ACH option.