



PLEASE NOTE THE FOLLOWING WHEN SUBMITTING PROGRAM FORMS

- Use **only one** of the following methods of delivery:

By Mail:

ABA Retirement Funds Program
P.O. Box 5142
Boston, MA 02206-5142

By Overnight Delivery:

ABA Retirement Funds Program
30 Braintree Hill Office Park
Braintree, MA 02184

By Email: ProgramForms@voyaplans.com

- If you are emailing a form, **DO NOT** mail the original, or the transaction will be processed twice.
- Email only **one** form at a time unless the forms are related and for the same participant, in the same plan.
- Forms received in good order via e-mail by **1 p.m. Eastern time** on a business day are considered to be received on that day. Forms received electronically after 1 p.m. Eastern time will be considered to be received on the next business day.
- Please do not “cc” any other email addresses when sending a form to the Program by email, as this causes the email to abort.
- The email should include a single document as an attachment, which does not require access to an external portal or link.
- There should be no instructions in the body of the email; the form should contain any additional instructions.

FORMS THAT CANNOT BE ACCEPTED VIA EMAIL

- If the form is being submitted to claim the assets in a deceased participant’s account, the form and a certified copy of the death certificate **must be mailed** or sent by overnight delivery.
- If spousal consent is required, and the witness is a notary, the form **must be mailed** or sent by overnight delivery so that the notary seal can be confirmed.

Forms submitted in any other manner will be considered to be received “not in good order,” which may cause a delay in processing the item.

Thank you for your cooperation so that we can best service your plan.

Note: after your email is received by the transaction processing group, you’ll receive an auto reply with a “Task” confirmation number. If you do not receive an auto reply, please contact us. Plan Administrators should call **800.752.6313**. Participants should call **800.348.2272**.



ELECTRONIC DIRECT DEPOSIT OF DISTRIBUTIONS FORM

ABA Retirement Funds Program ("the Program")
P.O. Box 5142 • Boston, MA 02206-5142

Customer Contact Center: 800.348.2272
Website: www.abaretirement.com

This form is used to establish or change electronic direct deposit instructions for all future in service withdrawals, hardship withdrawals, required minimum distributions, installment payments or distributions. Please use the appropriate form to make the actual disbursement request, as this form is only for establishing or changing direct deposit instructions.

To make a disbursement request, you may submit the applicable form (Distribution Request Form, In-Service Withdrawal Form, Hardship Withdrawal Form or Required Minimum Distribution Form). Alternatively, if you have already established installment payments, and you are receiving your payments by check, you may submit this form to generate electronic direct deposit of the scheduled payments.

Finally, if you already have direct deposit instructions on file, please do not submit this form unless you are changing the banking information. The direct deposit instructions, once provided, will remain in place for any payment made to you, until such time as you stop or change the instructions.

(This form cannot be used for distributions that are being rolled over. For wires of rollover distributions, complete the Wire Instructions for a Partial or Lump Sum Rollover Distribution Form.)

If the information below is not fully completed or incorrect, a check will automatically be sent to the participant in lieu of an electronic direct deposit. All future disbursements will also be sent via check.

1. EMPLOYER INFORMATION

Program Plan Number: _____ Employer Tax ID Number: _____ – _____ IRS Plan Number: _____

Employer's Name: _____ Employer's Business Phone Number: (____) _____ – _____

2. PARTICIPANT INFORMATION

Participant's Name: _____ Social Security Number: _____ – _____ – _____

Daytime Phone Number: (____) _____ – _____ E-mail: _____

3. FINANCIAL INSTITUTION INFORMATION *COMPLETE NAME(S)/REGISTRATION ON BANK ACCOUNT:*

I understand that I, the payee named below, have the right to cancel this authorization at any time by written notice to the Program. I further understand that my financial institution reserves the right to cancel this agreement by written notice to me (MUST BE 9 DIGITS)

Name of Financial Institution: _____

Street Address: _____ Routing Number: _____

City: _____ Deposit Account Number: _____

State: _____ Zip Code: _____ Checking Savings

Deposit Account Title: _____ Phone Number: (____) _____ – _____

4. PARTICIPANT AUTHORIZATION

The participant listed above, the payee for distributions and/or payments received under the plan listed above, authorizes the Program to deposit any current or future distributions and/or payments into an account at the financial institution named above. In the event of an overdeposit, the Program may adjust my account in the above-referenced plan, if feasible. If not feasible, the Program is also authorized to debit my account to adjust any overdeposit that it has caused to be made to my financial institution account as a result of the deposit.

This authorization will remain in effect until further written notice from me is filed with the Program or a new Electronic Direct Deposit of Distributions Form requesting a change is received, and shall cease upon written notice to the Program of my death.

SIGNATURE OF PAYEE (PARTICIPANT)

DATE