



## 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](mailto: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**.

(FOR PLAN ADMINISTRATOR'S USE ONLY)  
**ELIGIBLE NOT PARTICIPATING FORM**



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

Plan Administrator Line: 800.752.6313  
Website: www.abaretirement.com

Complete this form to register a non-participating eligible employee in your plan. In the event that the employee wishes to begin contributing, or the Employer will be making a contribution, please submit an Enrollment Form at that time.

**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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Marital Status:  Single  Married

Participant is an Attorney:  Yes  No

Participant's Primary Residence:

Street Address: \_\_\_\_\_

(MAXIMUM OF 30 CHARACTERS EACH LINE) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. ENROLLMENT INFORMATION**

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entry Date into Plan: \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. SIGNATURE**

As an Authorized Plan Representative I authorize the enrollment of the above mentioned participant into the plan as eligible and non-participating. If contributions are made to the participant's account at a later date, the participant will complete an Enrollment Form.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER

\_\_\_\_\_  
DATE