



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**.



SPONSOR WEB ACTIVATION REQUEST 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 activate Sponsor Web services for your plan with the ABA Retirement Funds Program. Please allow approximately 4 to 6 weeks to complete your activation request. You will receive a user ID and password in the mail when the process is complete.

1. SPONSOR WEB SERVICES

This form allows a Plan Administrator to obtain a plan level ID for the services listed below. This form will issue an ID for one person, and the person requesting the ID must be authorized as the "contact name" in section 2 and must sign the form on page 1 (and 2 if requesting Payroll/Administration) for the ID to be processed correctly. Please read this form in its entirety.

Plan Administration and Reporting - These applications are online tools that allow Plan Administrators access to account information for your plan and participants. Reporting will allow administrators to generate a variety of custom reports. These tools are informational only and transactions cannot be conducted.

Payroll/Administration - Payroll/Administration allows Plan Administrators to make contributions and loan repayments via an ACH debit. It also allows administrators to update participant account information. **A copy of a voided check and the completion of page 2 of this form is required for this service.**

2. EMPLOYER INFORMATION

Employer Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Plan Year Ends: _____

Contact's Name: _____

Telephone Number: (____)____-_____

Fax Number: (____)____-_____

Email Address*: _____

Program Plan Number _____ (Leave blank if for new plans)

Check here if requesting access to more than one plan
(both plans must be sponsored by the same employer).

Program Plan Number: _____

3. AUTHORIZATION

NON-DISCLOSURE: I agree not to disclose my password to any other persons (co-workers, manager, etc.). I understand I am responsible for any transactions performed with my ID. I also understand that all information accessed is Voya property, to be used in conjunction with my employment. I also understand that, unless otherwise noted, all information is classified restricted (data made available only within the corporation and not made available to the general public).

PRINTED NAME

TITLE

SIGNATURE

DATE

*Please note: This email address will be used for confidential and non-confidential Program communications.

4. PAYROLL/ADMINISTRATION SERVICES

PAYROLL/ADMINISTRATION is an optional service that is enabled at the Employer's request. To utilize Payroll/Administration, please complete the information below, review and sign. Note: all information requested must be completed.

Check here if you have already established a Sponsor Web ID with Payroll/Administration and you are updating the banking information on file.

Bank/Institution: _____

Bank Address: _____

City: _____ State: _____ ZIP: _____

Account Title: _____ Bank Routing Number: _____

Account Number: _____

Note: Please attach a voided check with this executed request.

This agreement authorizes Voya to establish a user ID and password for the purpose of debiting the account listed above in the amount authorized when instructed by an authorized user. I agree to abide by this agreement, including the terms and conditions listed on this form and by any instructions provided by Voya regarding the use of this service. I agree to maintain the security of any user ID and password and to immediately notify Voya of any changes. **I am an authorized signatory on the above listed account and am authorized to bind the entity signing this agreement.**

PRINTED NAME (MUST BE THE SAME PERSON WHO COMPLETED AND SIGNED PAGE 1)

TITLE

SIGNATURE

DATE

5. TERMS AND CONDITIONS – PAYROLL/ADMINISTRATION

Please review the terms and conditions. Voya provides recordkeeping services to the ABA Retirement Funds Program.

OBLIGATION OF THE EMPLOYER: Voya is authorized to promptly execute Employer's instruction received via the World Wide Web or US Mail. Voya shall execute instructions in compliance with the Employer's instructions on the execution date provided that such instruction is received by the customary deadline for processing such a request. All instructions received after this time will be deemed to have been received on the next business day.

SECURITY: The Employer acknowledges that it shall be responsible for maintaining the security of the user ID and password provided by Voya and shall notify Voya immediately if the user ID and password are no longer valid or if there has been a security breach. The Employer shall restrict access to confidential information relating to the user ID and password to authorized employees only. The Employer must notify Voya immediately if it has reason to believe unauthorized persons may have obtained access to such information or of any change in the Employer's authorized personnel. Voya shall not have any responsibility for unauthorized instructions.

REJECTION: Voya reserves the right to decline to process or to delay the processing of an instruction if Voya, in good faith, is unable to satisfy itself that the instruction has been properly authorized.

CANCELLATION OR AMENDMENT: Voya shall use reasonable efforts to act on authorized requests to cancel or amend instructions received provided that such requests are received in a timely manner. However, Voya assumes no liability if the request for amendment or cancellation cannot be satisfied.

ERRORS: Voya shall assume no responsibility for failure to detect any erroneous instructions provided that Voya complies with the instructions as received. It shall be the Employer's responsibility to notify Voya that a user ID and password are no longer valid or secure.

FORCE MAJURE: Voya shall not be liable for any costs or damages due to delay or nonperformance under this agreement arising out of any cause or event beyond its control, including, without limitation any damages resulting therefrom to the Employer as a result of any failure or delay of the Internet, any network or system serve, work stoppage, power or other mechanical failure, computer virus, natural disaster, governmental action, or communication disruption.

ADDITIONAL TERMS: There may be additional terms, which specify such things as transaction cutoff times, that are made a part of this agreement and may be amended from time to time without nullifying any other part of this agreement.