## MODEL NOTICE REGARDING "QUALIFIED DEFAULT INVESTMENT ALTERNATIVE"



ABA Retirement Funds Program ("Program")
P.O. Box 990073 • Hartford, CT 06199

Customer Contact Center: 800.348.2272 Website: abaretirement.com

1. INTRODUCTION
This notice generally describes the qualified default investment alternative (QDIA) provided under the  Plan Name:
2. WHAT IS THE QDIA?
A QDIA is a default investment that meets certain Department of Labor requirements and is used as an investment vehicle for your Plar contributions when you do not direct the investment of your account.
Effective /, the Plan's QDIA is the
Name of Investment Option:
Attached is a Morningstar Profile describing the investment objective, risk and return characteristics and fees and expenses of the QDIA.
3. WHEN WILL CONTRIBUTIONS BE INVESTED IN THE QDIA?
If we do not have an election on file showing your investment direction for any future contributions, then your future contributions will be invested in the QDIA. You can direct the investment of your account by:
calling the Customer Contact Center at 800.348.2272 or
accessing the website at www.abaretirement.com.
4. MUST I INVEST IN THE QDIA?
No. You have the right to direct how your account balance in the Plan will be invested. If your account is initially invested in the QDIA, you also have the right to transfer your account balance, in whole or in part, out of the QDIA at any time. You may change the way you existing account balance is invested by:
calling the Customer Contact Center at 800.348.2272 or
accessing the website at www.abaretirement.com.
5. WHERE CAN I GET ADDITIONAL INFORMATION REGARDING THE PLAN'S INVESTMENT ALTERNATIVES?
For more information concerning the QDIA or any other investment under the Plan, please see the Morningstar Profiles available at www.abaretirement.com. You may access the Program's Annual Disclosure Document by logging on to your account. It is also mailed to all participants annually.
6. WHO CAN I SPEAK TO ABOUT ADDITIONAL QUESTIONS?
Questions regarding this notice should be addressed to:
Plan Administrator or Other Contact Name:
Firm Name:
Daytime Telephone Number: ( )
Address Line 1:

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