

## PLEASE NOTE THE FOLLOWING WHEN SUBMITTING PROGRAM FORMS

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

**By Mail:**

ABA Retirement Funds Program  
P.O. Box 990073  
Hartford, CT 06199

**By Overnight Delivery:**

ABA Retirement Funds Program  
One Orange Way  
Windsor, CT 06095

**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 request (in most cases just one form) at a time per a plan, per a participant. Also only one disbursement or loan request should be submitted per a business day
- Forms received in good order via email 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.
- If you are going to password-protect the form, please use only "abafunds" or "Abafunds\*1."

### 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**.*



# ANNUITY QUOTE/PURCHASE FORM

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

Customer Contact Center: 800.348.2272  
 Website: abaretirement.com

**Annuity quotes are only available for defined contribution pension plans or for assets from prior defined contribution pension plans that were merged into a profit sharing or profit sharing 401(k) plan.** Complete this form to request an annuity quote or to purchase a quoted annuity. Please note that an administrative fee may be charged by the insurance company providing the annuity. The Authorized Plan Representative completes section 1. The participant completes sections 2 and 3; signs section 4 and mails the original, signed form, along with the appropriate distribution form, to the address shown above.

## 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  
 Daytime Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Participant's Email: \_\_\_\_\_  
 Participant's Primary Residence: \_\_\_\_\_  
(MAXIMUM OF 30 CHARACTERS EACH LINE)  
 Address Line 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## 3. REQUEST FOR ANNUITY QUOTE

If annuity benefits are to be purchased, a minimum of \$5,000 must be applied to each type of annuity. I am requesting an annuity quote for the following:

ANNUITY TYPE	FIXED OR VARIABLE	CERTAIN PERIOD (5, 10, 15, 20 YRS.)	AMOUNT OF ANNUITY (\$ AMOUNT OR % OF ACCOUNT)	PERCENT (50% OR 100%) OF EACH ANNUITY TO BE AVAILABLE FOR SURVIVOR (DEFAULT = 100%)
<input type="checkbox"/> Life Annuity†	_____	N/A	\$ _____ _____ %	N/A
<input type="checkbox"/> Life Annuity Period Certain†	_____	_____	\$ _____ _____ %	N/A
<input type="checkbox"/> Joint & Survivor Annuity Period Certain* †	_____	_____	\$ _____ _____ %	_____ %
<input type="checkbox"/> Qualified Joint & Survivor Annuity* †	Fixed	N/A	\$ _____ _____ %	_____ %
<input type="checkbox"/> Joint & Survivor Annuity* †	_____	N/A	\$ _____ _____ %	_____ %
<input type="checkbox"/> Cash Refund Annuity†	Fixed	N/A	\$ _____ _____ %	N/A

If you wish to purchase the quoted annuity, please check the Annuity Purchase Option section on the reverse side.

\* Complete the Joint and Survivor Annuity Information on the next page.

† See definition in section V.

**Joint and Survivor Annuity Information:**

Name of Joint Annuitant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship of Joint Annuitant to Participant: \_\_\_\_\_

Joint Annuitant's Participant's Primary Residence: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

Annuity Purchase Option (This section should be completed upon the Program's furnishing annuity quotes and your selecting an annuity.)

Please indicate your annuity selection:

By checking the above Annuity Purchase Option, I hereby request to purchase the annuity that is quoted. I understand that my plan account will be rolled over to the insurance company providing the annuity. I will receive Form 1099-R indicating a rollover distribution and my plan account will be closed.

I have included proof of my date of birth and proof of my joint annuitant's date of birth (photocopy of birth certificate, valid driver's license, valid passport, marriage certificate or baptismal certificate).

The annuity quotation is based on the account balance as of the business day on which the Program receives the request. The actual annuity amount purchased may change due to fluctuation of the market value of your account balance.

**4. SIGNATURE**

I certify that to my knowledge the information provided on this form is complete and accurate. I understand that to purchase an annuity, a distribution or in-service withdrawal form must be properly completed and submitted with this form for processing.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

**FOR THE PROGRAM USE ONLY**

\_\_\_\_\_  
SIGNATURE OF CONTRACT HOLDER - ABA MEMBERS / MTC COLLECTIVE TRUST

\_\_\_\_\_  
DATE

**5. DEFINITIONS**

**Life Annuity** – An annuity payable for the life of a Participant.

**Life Annuity-Period Certain** – An annuity payable for the life of a Participant or until the end of a period specified by the Participant, whichever is later. After the Participant's death, any payments shall be paid to his or her Beneficiary. The specified period may be 5, 10, 15 or 20 years.

**Joint and Survivor Annuity-Period Certain** – An annuity payable for the life of a Participant with a survivor annuity payable to the Participant's Beneficiary equal to 50% or 100% (as elected by the Participant) of the amount of the annuity payable during the life of the Participant, which shall continue for the remaining lifetime of the survivor or until the end of a period specified by the Participant, whichever is later. If the survivor dies before the end of the specified period, any additional payments shall be paid to the next succeeding Beneficiary for the remainder of the specified period. The specified period may be 5, 10, 15 or 20 years.

**Qualified Joint and Survivor Annuity** – An annuity payable for the life of the Participant with a survivor annuity payable for the life of the Participant's spouse that is equal to 100% (or 50% if so elected by the Participant) of the amount of the annuity payable during the life of the Participant.

**Joint and Survivor Annuity** – An annuity payable for the life of a Participant with a survivor annuity payable for the life of the Participant's Beneficiary equal to 50% or 100% (as elected by the Participant) of the amount of the annuity payable during the life of the Participant.

**Cash Refund Annuity** – An annuity payable during the lifetime of a Participant, with a single-sum payment at his or her death, to his or her Beneficiary equal to the excess, if any, of the amount applied to provide the annuity over the sum of the annuity payments made during the Participant's lifetime.