



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 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.

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.



INVESTMENT ONLY PLAN DISBURSEMENT 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 for disbursements from investment only plans. **This form cannot be used to make direct rollovers.** The Authorized Plan Representative completes all sections, signs Section 4 and mails the original, signed 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: _____ - _____ - _____

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

3. AMOUNT OF DISBURSEMENT

Partial Withdrawal

CONTRIBUTION TYPE	INVESTMENT OPTION	\$ AMOUNT OR % (PLEASE SHOW \$ OR % SYMBOL)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pay out all investment options and contribution types. Account is to remain open.

Pay out all investment options and contribution types. Permanently close account.

All payments must be made payable to the plan's trustee.

Name of Participating Trustee*: _____

Attention*: _____

Mailing Address*: _____

City*: _____ State: _____ Zip Code: _____

4. SIGNATURES

As Employer, I hereby certify that this disbursement is being requested in accordance with the terms of the Employer's plan.

 SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER

 DATE

* Line can contain no more than 30 characters.