



## 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 55072  
Boston, MA 02205-5072

**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.
- 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**.



# DURABLE POWER OF ATTORNEY AND INDEMNITY

ABA Retirement Funds Program ("the Program")  
P.O. Box 55072 • Boston, MA 02205-5072

Customer Contact Center: 800.348.2272  
Website: www.abaretirement.com

Complete this form to authorize power of attorney for transactions of the participant's account. The participant completes sections 1 and 2; then reads, completes and signs section 3. A Notary Public completes and signs section 4. The Attorney-In-Fact and Notary Public complete and sign section 5.

## 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

E-mail: \_\_\_\_\_

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

(MAXIMUM OF 30  
CHARACTERS EACH LINE)

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

Plan: \_\_\_\_\_ Business Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## 3. PARTICIPANT AUTHORIZATION

I, \_\_\_\_\_, of \_\_\_\_\_ (CITY, STATE) do hereby make, constitute and appoint \_\_\_\_\_, whose address is \_\_\_\_\_

and whose specimen signature is \_\_\_\_\_ my true and lawful attorney or agent ("Agent") for me and in my name, place and stead (1) to transmit to the trustee, Mercer Trust Company ("MTC") either orally or in writing in accordance with procedures established by MTC from time to time, instructions for the purchase, sale, transfer or distribution of units of the ABA Members/MTC Collective Trust ("Collective Trust") or any other investment options available under the Program; (2) to enter into any other lawful transaction with respect to my participant account ("Account") in the Program.

I hereby agree to indemnify and hold MTC harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to my Account.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries or assigns until revoked by the undersigned by a written notice delivered to the address shown above. Such revocation shall become effective as soon as MTC has had a reasonable amount of time to act upon it. The revocation shall not effect any liability in any way resulting from transactions initiated prior to MTC's acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and MTC and the Program shall not be responsible for any action taken on the basis of this authorization until MTC has received written notice thereof addressed to the Program at the above address.

The undersigned has read the foregoing in its entirety before signing.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT/GRANTOR OF POWER

**4. NOTARY PUBLIC WITNESS**

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State of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared, \_\_\_\_\_ to me personally known to be the individual described in and who executed the foregoing instrument, and acknowledged that (s)he executed the same.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

**5. AFFIDAVIT OF ATTORNEY-IN-FACT**

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State of: \_\_\_\_\_ in the county of \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn and deposed say that \_\_\_\_\_, as Principal who resides at \_\_\_\_\_ did, under date of \_\_\_\_\_, \_\_\_\_\_, appoint me his/her true and lawful attorney by the foregoing instrument hereby made a part hereof.

\_\_\_\_\_  
SIGNATURE OF ATTORNEY-IN-FACT

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC