



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

- 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**.



PLAN TERMINATION NOTIFICATION

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

Plan Administrator Line: 800.752.6313
Website: www.abaretirement.com

Use this form to notify the Program that the Employer/Plan Sponsor has decided to terminate the retirement plan and to further direct and authorize the Program to take certain actions.

1. EMPLOYER/PLAN SPONSOR INFORMATION (To be completed by the Employer/Plan Sponsor)

Program Plan Number: _____ Employer Tax ID Number: _____ – _____ IRS Plan Number: _____

Employer's Name: _____ Employer's Business Phone Number: (____) _____ – _____

Employer's email Address: _____

Plan Contact During Plan Termination Process: _____ Plan Contact's Business Phone Number: (____) _____ – _____

Plan Contact's email Address: _____

2. EMPLOYER DIRECTIVE

The Employer/Plan Sponsor hereby notifies the Program that it is terminating the _____ (Name of Plan) effective ____/____/____.

A. PLEASE COMPLETE THE FOLLOWING ACTIONS, AS APPLICABLE, IN THE ORDER SHOWN, PRIOR TO SUBMITTING THIS FORM:

- If you sponsor a **money purchase pension plan** or target benefit plan, then your plan is subject to Section 204(h) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Section 204(h) requires that you notify eligible participants that the plan is terminating by distributing the notice described in Section 204(h) (a sample notice is posted in the online Plan Administrator Guide at www.abaretirement.com/ePAG (see Plan Termination)). This notice requirement does not apply to profit sharing or 401(k) plans. Also, plans subject to Section 204(h) must amend their plans to freeze future benefit accruals; the Program can assist you in preparing a plan amendment for your signature. Submit your request for a plan amendment to contactus@abaretirement.com.
- All plans must make the final employer/employee contributions, if any. Your plan may have assets in its forfeiture reserve account that may be used to offset an employer contribution.
- All plans must ensure that all participant records are up to date (e.g., notify the Program promptly of any participant who is separated from service along with his or her termination date). *(The Program can provide a report of the current participant roster if you need to confirm information on file.)*
- All plans must instruct the Program regarding the reallocation of assets in the plan's forfeiture reserve account or request that the Program calculate the reallocation.

(If you are requesting the Program calculate the forfeiture reallocation, please provide a list of participants eligible to receive a share of the assets (generally, those actively employed at the time the plan was terminated) as well as their respective compensation from the beginning of the plan year in which the plan was terminated, to the plan's termination date. We will make the allocations based on the provided information.)

B. BY SIGNING AND SUBMITTING THIS FORM, YOU ARE AUTHORIZING THE PROGRAM TO TAKE THE FOLLOWING ACTIONS IN THE ORDER SHOWN:

- Forfeit any unvested employer contributions of any participants who have incurred five consecutive one-year breaks in service prior to the plan's termination date and transfer the assets to the plan's forfeiture reserve account.
- Accelerate the vested percentage to 100% for any participants who are **either** still actively employed with your firm **or** who continue to maintain an unforfeited account balance on the plan's termination date.
- Close the accounts of any participants that were never funded.
- Reallocate the assets in the plan's forfeiture account, if any, based on the plan sponsor's instructions to the Program or request that the Program calculate the reallocation.

C. FINAL STEPS:

- The Program will send an email to the email addresses in Section 1, above, regarding the next steps to complete the plan termination. Typically, this will include sending Distribution Request Forms to notify participants* who have assets in the plan that the plan is being terminated and that they will need to arrange for the distribution or rollover of their accounts. The Distribution Request Form is located at **www.abaretirement.com** under **Resources**.
- The Employer/Plan Sponsor is responsible for filing a Form 5500 marked "final return" (which the Program will provide to you) once all of the plan's assets have been distributed.

**Note: The Program can assist you if a participant is unresponsive or fails to take action.*

The plan's termination will not be completed until all of these actions, and any additional applicable actions, are taken. The Employer/Plan Sponsor (or the individuals who made up the employer entity, if the firm ceases doing business) retains responsibility until such time as the plan termination is completed. **IRS guidelines indicate that the Employer/Plan Sponsor has no more than one year from the plan's termination date to complete the plan's termination.**

The undersigned Employer/Plan Sponsor hereby authorizes the Program to forfeit unvested employer contributions pursuant to section B, above, as well as to reallocate the forfeiture reserve account based on the instructions provided with this form.

SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER

DATE

Please note: If you are terminating a defined benefit pension plan or cash balance plan, you must involve your actuarial provider in the plan termination process. Please contact them before submitting this form to the Program.