

Retirement Authorization Agreement

Pre-Arranged Payments for Administration Fees



1 Client Account Information

Current Date _____

Client Name _____

EIN Number _____

Client hereby authorizes and requests National Benefit Services, LLC (NBS) to pull payment for any amounts owed by Client to NBS as such amounts become due by initiating debit entries to Client's account identified as follows:

Bank Name _____

Bank Address _____

City _____

State _____

Zip _____

Depositor Transit Routing Number _____

Depositor Account Number _____

Checking Savings
Account Type

Who should receive a notification email when an ACH is initiated? *(More than four email addresses can be included, upon request)*

Name 1 _____

Email Address 1 _____

Name 2 _____

Email Address 2 _____

Name 3 _____

Email Address 3 _____

Name 4 _____

Email Address 4 _____

NBS utilizes separate accounts to which your administration fees are remitted. You will need to authorize the account below to allow NBS to pull fees from the bank account you provided above.

2 NBS Account Information

Administrative Fees: *NOTE: All administrative fees will be pulled for all benefit types NBS administers*

National Benefit Services, LLC

Name

9987451010

Account ID *(needed to authorize NBS to pull fees)*

KeyBank National Association

Bank Name

20-3886993

Federal ID Number

124000737

Transit Routing Number

449681038567

Account Number Information

It is understood that this agreement may be terminated by Client at any time by written notification to NBS. Any such notification to NBS shall be effective only with respect to entries initiated by NBS after receipt of such notification and a reasonable opportunity to act on it.

3 Fee Pull

Administrative Fees will be pulled from your account 10 - 15 days following the date of the invoice

4 Invoice Delivery *(More than three email addresses may be included, upon request.)*

Email same person(s) listed above in Section 1 OR email the following:

NAME

EMAIL ADDRESS

Email to: _____

Email to: _____

Email to: _____

Authorization Agreement Continued



5 Client / NBS Signatures

It is also understood the Client shall have the rights as set forth hereof with respect to all entries initiated by NBS pursuant to this agreement.

Dated this _____ Day of _____, _____.

CLIENT NAME: _____

NATIONAL BENEFIT SERVICES, LLC

Signed: _____

Signed: _____

Title: _____

Title: _____

It is understood that all debit entries initiated by NBS pursuant to this agreement shall be subject to the following provisions:

1. If any change is made by NBS in the date of the funding cycle on or after which such entries are to be debited to such account, NBS shall send to Client written notification of the new date on or after which such entries are to be debited to such account.
2. Client may notify Bank and NBS to stop payment of any entry initiated, or to be initiated, by NBS to Client's account pursuant to this agreement. Additionally, such notice must be received by Bank in such time and in a manner as to afford Bank a reasonable time to act accordingly.
3. If an entry is erroneously initiated by NBS to Client's account, Client shall have the right to have corrective adjustments made if:
 - a. Client obtains statement of account or notification pertaining to such erroneous entry from bank.
 - b. Client delivers to NBS a written notice within forty-five (45) calendar days of the entry, stating that such entry was in error and requesting NBS makes corrective adjustments to the entry.
 - c. NBS will, within fifteen (15) calendar days, review request and respond accordingly.

6 NBS Use Only

Employer ID: _____

Date setup performed: _____ By: _____

Date first invoice reviewed: _____ By: _____