ABA Retirement Funds

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 990073
Hartford, CT 06199

By Overnight Delivery:

ABA Retirement Funds Program
One Orange Way
Windsor, CT 06095

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 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**.*

ABA Retirement Funds

DURABLE POWER OF ATTORNEY AND INDEMNITY

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

Customer Contact Center: 800.348.2272
Website: 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

Participant's Email: ____

Participant's Primary Residence: ____
(MAXIMUM OF 30 CHARACTERS EACH LINE)

Address Line 2: ____

City: ____ State: ________________ Zip Code: ___________________________

Plan: ____ Business Phone Number: (_____) ______ –___________

3. PARTICIPANT AUTHORIZATION

I, ____, of ____ do hereby make,
(City, State)

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

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

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