

NOTIFICATION OF CONTRIBUTIONS/LOAN REPAYMENTS BY WIRE



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

Client Services: 877.275.3182 • **Executive and Preferred Clients:** 800.554.0073 • **Sole Proprietors:** 800.752.6313

Email: contactus@abaretirement.com • **Website:** abaretirement.com

Complete this form to make contributions or loan repayments by wire. This notification must be received by the Program, along with a Contribution and Loan Repayment Remittance Form (Form 2) 48 hours (two business days) before receipt of the wired funds. For example, if you wish to wire funds on Thursday, the Program would need to receive this form and the Contribution and Loan Repayment Remittance Form (Form 2) by 4:00 p.m. Eastern time on Tuesday of that week.

1. EMPLOYER INFORMATION

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

Employer's Name: _____ Employer's Business Phone Number: (_____) _____ - _____

Employer's Email: _____

Employer's Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

2. WIRE INFORMATION

Wire Amount: \$ _____ Wire Date: ____ / ____ / ____

Wire Funds To: State Street Bank and Trust Company
Boston, MA
ABA #011000028
ABRA - New RIS #0001-028-0
Program Plan Number: _____
Attn: Transaction Processing

Wire Funds From:

Name of Your Banking Institution: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Name of Contact at Bank: _____ Bank Phone Number: (_____) _____ - _____

3. SIGNATURES

SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER

DATE