

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.

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 using the information on the following page.



CONTRIBUTION AND LOAN REPAYMENT REMITTANCE FORM

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

The Authorized Plan Representative completes all sections of this form to remit contributions and loan repayments. Please enter contributions (including catch-up contributions) in section 2 and use section 3 is for loan repayments. Mail the original, signed form to the address shown above. For section 2, Contribution Type/Amounts: Enter the contribution dollar amount in the appropriate "Contribution Type" column. Refer to your plan's Adoption Agreement if you are unsure as to which types are allowed under your plan.

1. EMPLOYER INFORMATION

Program Plan Number: _____

Employer Tax ID Number: _____ - _____

IRS Plan Number: _____

Employer Name: _____

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

2. CONTRIBUTION REMITTANCE (USE ADDITIONAL PAGES IF NECESSARY.)

For Firm's Plan Year Ending _____ / _____ / _____

For OFF CALENDAR YEAR PLANS only, also please provide payroll date: _____ / _____ / _____.

Contribution Type		A* / B*	N	C	D	F	G	P*	
PARTICIPANT NAME	SOCIAL SECURITY NUMBER (REQUIRED)	401(k) SALARY DEFERRAL** or SIMPLE 401(k) SALARY DEFERRAL**	ROTH 401(k) CONTRIBUTIONS**	QNEC/ QMAC**	EMPLOYER MATCHING	EMPLOYER	POST-TAX EMPLOYEE**	SAFE HARBOR EMPLOYER MATCHING** or EMPLOYER NON-ELECTIVE** or SIMPLE 401(K) CONTRIBUTION PLAN MATCHING	TOTAL
_____	_____	\$ _____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	_____	\$ _____

3. LOAN REPAYMENT REMITTANCE (USE ADDITIONAL PAGES IF NECESSARY.)

Program Plan Number: _____ Employer Name: _____

PARTICIPANT NAME	SOCIAL SECURITY NUMBER	LOAN NUMBER	SCHEDULED PAYMENT AMOUNT	PAY-OFF AMOUNT*
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

OR

4. REMITTANCE TOTALS

A Contribution Subtotal: \$ _____

B Loan Repayment Subtotal: \$ _____

C GRAND TOTAL: \$ _____

(A + B = C)

5. DEPOSIT INFORMATION

Please make all checks payable to "ABA Retirement Funds Program" from the employer's business account. Personal checks should not be submitted except for loan payments. **[Applicable Department of Labor Regulations mandate that such contributions be made as of the earliest date on which such contributions can be reasonably segregated from the employer's general assets.]**

The following checks are attached to this Contribution and Loan Repayment Remittance Form (Form 2):

Check # : _____ Check Amount: \$ _____

Check # : _____ Check Amount: \$ _____

Check # : _____ Check Amount: \$ _____

Check # : _____ Check Amount: \$ _____

A Sum of checks from above: \$ _____

B Amount, if any, to be withdrawn from Forfeiture Account (For Employer Contributions Only): \$ _____

C Amount, if any, to be withdrawn from Suspense Account (For Employer Contributions Only): \$ _____

D Amount transmitted by wire: \$ _____

E GRAND DEPOSIT TOTAL: \$ _____

(A + B + C + D = E)

Please Verify:

- ☐ Correct Plan Year and/or Calendar Year indicated.
- ☐ Correct Contribution Type is indicated.
- ☐ Correct Loan Numbers were given.
- ☐ Six-digit Program Plan Number provided.
- ☐ Correct Scheduled Loan Payment amount is provided.

Please remember to:

- Sign your check
- Date your check
- Make your check payable to "ABA Retirement Funds Program"
- Ensure written and numeric amounts agree.

This GRAND DEPOSIT TOTAL must equal GRAND TOTAL from section 5 above.

6. SIGNATURE

I understand that failure to provide the Program with a properly completed form and related remittances may result in a processing delay.

SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER

DATE