



SPONSOR WEB ACTIVATION REQUEST 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

Complete this form to activate Sponsor Web services for your plan with the ABA Retirement Funds Program. Please allow approximately 4 to 6 weeks to complete your activation request. **Your user ID and password will be emailed to you when the process is complete, so please add "Sponsor.Web@voya.com" to your safe senders so that these emails will reach you.**

SPONSOR WEB SERVICES

This form allows an authorized plan representative to obtain a plan level Sponsor Web ID for the services listed below. This form will issue an ID for one person, and the person requesting the ID must sign the form for the ID to be processed correctly. Please read this form in its entirety.

Plan Administration and Reporting - These applications are online tools that allow plan representatives access to account information for your plan and participants. Reporting will allow plan representatives to generate a variety of custom reports. These tools are informational only and transactions cannot be conducted.

Payroll/Administration - Payroll/Administration allows plan representatives to make contributions and loan repayments for the plan via an ACH debit. It also allows plan representatives to update participant account information. ***A copy of a voided check and the completion of page 2 of this form is required for this service.***

1. EMPLOYER AND APPLICANT INFORMATION

Employer Name: _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip Code: _____

Plan Year Ends: ____ / ____ / ____

Applicant's Name: _____

Phone Number: (____) ____ - _____ Fax Number: (____) ____ - _____

Email Address*: _____

☐ Check here if requesting access to more than one plan
(both plans must be sponsored by the same employer).

Program Plan Number: _____

*(Leave blank if
for new plans)*

Program Plan Number: _____

**Please note: This email address will be used for confidential and non-confidential Program communications.*

2. PAYROLL ADMINISTRATION and PROGRAMPAY SERVICES

To utilize Payroll/Administration or ProgramPay, please complete the information below, review and sign. Note: all information requested must be completed.

☐ Check here if you have already established a Sponsor Web ID with Payroll/Administration or ProgramPay and you are updating the banking information on file.

Bank/Institution Name: _____

Bank Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip Code: _____

Bank Phone Number (____) ____ - _____ Bank Routing Number: _____

Account Number: _____ Account Name: _____

Note: Please attach a voided check with this executed request.

3. SIGNATURES

This agreement authorizes Voya to establish a user ID and password for the below named applicant for the purpose of accessing account information for your plan and participants and, if section 2 has been completed, for the purpose of debiting the bank account listed above in the amount authorized when instructed by an authorized user.

Applicant Agreement:

The applicant agrees to abide by this agreement, including the terms and conditions listed on this form and by any instructions provided by Voya regarding the use of this service. The applicant also agrees to maintain the security of any user ID and password and to immediately notify Voya of any changes.

APPLICANT PRINTED NAME

TITLE

APPLICANT SIGNATURE

DATE (MM/DD/YYYY)

Employer Agreement:

The Employer agrees to abide by this agreement, including the terms and conditions listed on this form and by any instructions provided by Voya regarding the use of this service. The Employer also agrees that the applicant is an authorized plan representative and is authorized by the employer/firm/plan sponsor to access account information for your plan and participants and to initiate contributions and loan repayments from the bank account listed in this form.

EMPLOYER PRINTED NAME

TITLE

EMPLOYER SIGNATURE

DATE (MM/DD/YYYY)

4. TERMS AND CONDITIONS – PAYROLL/ADMINISTRATION and PROGRAMPAY

Please review the terms and conditions. Voya provides recordkeeping services to the ABA Retirement Funds Program.

OBLIGATION OF THE EMPLOYER: Voya is authorized to promptly execute Employer's instruction received via the World Wide Web or US Mail. Voya shall execute instructions in compliance with the Employer's instructions on the execution date provided that such instruction is received by the customary deadline for processing such a request. All instructions received after this time will be deemed to have been received on the next business day.

SECURITY: The Employer acknowledges that it shall be responsible for maintaining the security of the user ID and password provided by Voya and shall notify Voya immediately if the user ID and password are no longer valid or if there has been a security breach. The Employer shall restrict access to confidential information relating to the user ID and password to authorized employees only. The Employer must notify Voya immediately if it has reason to believe unauthorized persons may have obtained access to such information or of any change in the Employer's authorized personnel. Voya shall not have any responsibility for unauthorized instructions.

REJECTION: Voya reserves the right to decline to process or to delay the processing of an instruction if Voya, in good faith, is unable to satisfy itself that the instruction has been properly authorized.

CANCELLATION OR AMENDMENT: Voya shall use reasonable efforts to act on authorized requests to cancel or amend instructions received provided that such requests are received in a timely manner. However, Voya assumes no liability if the request for amendment or cancellation cannot be satisfied.

ERRORS: Voya shall assume no responsibility for failure to detect any erroneous instructions provided that Voya complies with the instructions as received. It shall be the Employer's responsibility to notify Voya that a user ID and password are no longer valid or secure.

FORCE MAJURE: Voya shall not be liable for any costs or damages due to delay or nonperformance under this agreement arising out of any cause or event beyond its control, including, without limitation any damages resulting therefrom to the Employer as a result of any failure or delay of the Internet, any network or system serve, work stoppage, power or other mechanical failure, computer virus, natural disaster, governmental action, or communication disruption.

ADDITIONAL TERMS: There may be additional terms, which specify such things as transaction cutoff times, that are made a part of this agreement and may be amended from time to time without nullifying any other part of this agreement.