

# QUALIFIED PLAN SYSTEMATIC and ONE-TIME ACH CONTRIBUTION REQUEST

Institutional Advisor Services



## SECTION 1: Request Type

Select one:

Note: This form cannot be used to make Solo K Loan Payments.

### ESTABLISH OR CHANGE

Select one:

- Request One-time ACH Contribution.
- Establish Systematic ACH Contribution.
- Change Systematic ACH Contribution. *Provide information in Sections 2B, 3 and 4 as applicable and sign in Section 5.*

### CANCEL

Provide information below and in Section 2B, and sign in Section 5.

Select one:

- Cancel all systematic contribution instructions on file.
- Cancel the sole systematic contribution currently on file
- Cancel the specified systematic instructions listed below:

Cancel Schedule

Cancel Amount

## SECTION 2: Account

### A. ACCOUNT TYPE

Select one:

- Qualified Plan  Solo K Plan
- Outside Qualified Plan  Solo K Roth Plan

### B. ACCOUNT OWNER

Plan name

FBO Name: (if applicable)

Last 4 Digits of Tax ID

## SECTION 3: ACH Contribution

### A. AMOUNT OF CONTRIBUTION:

\$ \_\_\_\_\_

**Important:** The maximum daily ACH contribution is \$100,000. If you would like to contribute more than \$100,000, please deliver the funds to TCA by wire or check.

### B. CONTRIBUTION TYPE (one type per form):

Select one:

- Employee
- Employer (not allowed for Solo K Roth)
- Cash Deposit (for Outside Qualified Plan only)

### C. IF SYSTEMATIC:

Month to Begin Contribution    Day of Month to Deposit Contribution

Frequency of Contribution

Select one:  Monthly  Quarterly  Semi-annually  Annually

TCA Account Number

## SECTION 4: Bank Information

Select one:

- Checking Account (Info Below)
- Savings Account (Info Below)
- Voided check provided in lieu of banking (Info Below)

Bank Name

Name on Bank Account

ABA (Routing) Number (9 digits)

Bank Account Number

## SECTION 5: Signature

### A. ACCOUNT AUTHORIZED PARTY/TRUSTEE SIGNATURE IS REQUIRED

I authorize these systematic contributions into the TCA Qualified Plan account referenced above. I understand that the amount of the contribution will remain the same until I submit a new Qualified Plan Systematic and One-Time ACH Contribution Request form indicating a change in the existing program in place.

I attest that the amount of the contributions will not exceed the allowable limits into the Plan and deferral contributions are actually made before being placed into the Plan. I maintain all responsibility in monitoring these contributions to ensure the Plan will not be disqualified.

By signing below, I hereby agree as follows:

Indemnify and hold harmless TCA, its successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from your compliance with this request, including but not limited to transfer to another party.

To authorize TCA to deposit cash into the Plan/TCA account according to the above instructions.

Each party also acknowledges that the origination of ACH transactions to the Plan and/or listed account must comply with the provisions of U.S. Law, and that in the event an ACH entry is incorrect, TCA reserves the right to submit correcting entries.

Trustee or Authorized Party Signature

Date

Printed Name

(Bank Authorization continued on page 2.)



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## B. BANK AUTHORIZED PARTY SIGNATURE, IF APPLICABLE

Each of the parties signing below are individuals vested by the Employer's board of directors (or other managing authority, if not a corporation) that have full authority to request monies be withdrawn from the bank account indicated in Section 4, and that are authorizing this transaction to establish an ACH payment to the Plan named above.

*If bank account owner is a business, please provide a Corporate Resolution dated within 6 months.*

\_\_\_\_\_  
Bank Authorized Party Signature                      Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Additional Bank Authorized Party Signature                      Date

\_\_\_\_\_  
Printed Name

- End of Form -

# QUALIFIED PLAN SYSTEMATIC and ONE-TIME ACH CONTRIBUTION REQUEST

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## General Instructions

Use these instructions to complete the Qualified Plan Systematic and One-Time ACH Contribution Request form.

**Purpose of this form.** This form is required to initiate a one-time contribution or systematic contribution into a Qualified Plan. Use this form to establish, change or cancel systematic ACH contribution instructions for an existing Qualified Plan.

Use this form for:

- Qualified Plan (QP)
- Outside Qualified Plan (OQP)
- Solo K Plan Accounts
- Solo K Roth Plan Accounts

**All fields are required unless noted.** All fields are required unless designated as 'if applicable' or 'optional'. 'If applicable' indicates the section or entry is required if certain conditions apply. These conditions are outlined in detail in these instructions.

You must **complete all required fields and provide all required additional forms and documentation** to expedite processing and to void request for additional information.

**Print or type all entries.** Print clearly in all CAPITAL LETTERS to complete this form. To type entries, a fillable PDF of this form can be found online at [www.trustamerica.com/advisor-forms](http://www.trustamerica.com/advisor-forms).

## Section 1: Request Type

Check the appropriate box to indicate the type of action you want to take with this form.

*Note: It may take up to 7 days from receipt of this form by Trust Company of America (TCA) for the systematic contribution to be activated, changed or cancelled.*

*Note: This form cannot be used for Solo K Loan Payments.*

**Establish or Change.** Provide information to be changed in Sections 3 as applicable, and sign in Section 5.

**Cancel.** Select which type of systematic contribution should be cancelled. If the account has more than one systematic contribution, indicate the contribution amount and the deposit schedule of the systematic Contribution to cancel.

## Section 2: Account Information

### A. Account Type

Check the box indicating the Qualified Plan type.

*Note: If this is a new account, provide this form with your account application.*

### B. Account Owner

Enter the account owner information for this account exactly as it appears on your TCA account.

## Section 3: ACH Contribution

### A. Amount of Contribution

Enter the contribution amount.

### B. Contribution Type:

Please provide one form per contribution type. i.e. one form for Employee, one form for Employer.

**Important:** The maximum daily ACH contribution of \$100,000. If you would like to contribute more than \$100,000, please deliver the funds to us by wire or check.



### C. If Systematic Contribution:

**Important:** The first contribution may be delayed to the next scheduled date if this form is received less than 8 days before the first requested deposit.

*If the selected a day of the month for contribution is the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup>, please note that the contribution will be made on the last business day of the month.*

*Note: Systematic contributions will be deposited to models in the account according to the account's model contribution percentages.*

## Section 4: Bank Information

Provide the bank information. If you select either Checking Account or Savings Account, enter your banking information. If you select the Voided Check Provided box, provide a voided check with this form.

**Important:** If the name on the bank account is different from the name on the TCA account, you must provide written proof of authorization. If the bank account type is not selected, TCA will default to checking account

## Section 5: Signature

### A. Account Authorized Party/Trustee Signature

Sign and date the form.

### B. Bank Authorized Party Signature

If the person signing Section 5A does not have authority to request monies be withdrawn from the bank account listed in Section 4, the bank account owner must sign to authorize the transaction. If the bank account requires more than one signature, please provide additional signatures in the space provided.

*If bank account owner is a business, please provide a Corporate Resolution dated within 6 months.*

Return your completed form as instructed by your Investment Advisor or client representative. Questions regarding this form should be directed to your Investment Advisor.