

1 COMPANY INFORMATION

_____ (“Employer”) requests the ability to deliver Plan Contribution Instructions (defined below), which accompany monetary contributions relating to the retirement plan identified below, to Primerica Shareholder Services via the PSS eContributions password protected website (“eContributions”).

Total number of employees currently eligible to participate in retirement plan: _____

2 TYPE OF RETIREMENT PLAN MAINTAINED BY THE EMPLOYER

☐ 403(b) Plan ☐ 403(b) ORP Texas Only ☐ PDP ☐ SAR SEP ☐ SEP IRA ☐ SIMPLE IRA

3 SIGNATURES

IN CONSIDERATION OF PRIMERICA SHAREHOLDER SERVICES’ (“PSS”) agreement to accept Plan Contribution Instructions electronically via the eContributions website. Employer agrees to the following:

The term “Plan Contribution Instructions” shall mean instructions from Employer to PSS to invest specified monetary amounts in pre-established accounts of participants of the above-identified plan with such instructions being transmitted by the Employer by the completion of a pre-populated online form on the password protected website (“eContributions”).

Employer shall designate individuals as authorized users of eContributions who will then have the ability to access the eContributions website to submit Plan Contribution Instructions and update employer address and other contact information (such as phone number and email address) for the retirement plan. Employers that submit monetary contributions by ACH (Automated Clearing House) will be able to use eContributions to transmit the Plan Contribution Instructions. Upon PSS’ receipt of this Application, a self-registration link will be sent to the email address on this form. When an authorized individual user registers via the self-registration link, a unique eContributions user name and password will be established for that individual. It is the sole responsibility of the Employer and authorized users to control the security and confidentiality of the user name(s) and password(s), and Employer acknowledges and agrees that PSS may rely upon any Plan Contribution Instructions being transmitted under a user name and password issued to Employer or any authorized users. Employer is solely responsible for the actions of its authorized users.

The undersigned Employer directs PSS to use electronic transmissions of Plan Contribution Instructions submitted via the eContributions website, remitted by individuals designated by Employer to use eContributions, to invest monetary contributions to accounts of participants in the above identified retirement plan. Employer is solely responsible for transmitting accurate Plan Contribution Instructions to PSS, and for bearing the cost of adjusting a participant’s account should any errors occur as a result of Employer’s Plan Contribution Instructions. If Employer is transmitting Plan Contribution Instructions for a 403(b) salary deferral only plan, Employer further represents that it has entered into salary deferral agreements with its employees for whom it is transmitting Plan Contribution Instructions.

Employer is solely responsible for verifying the accuracy of transactions entered through eContributions. PSS will make available through eContributions a Contribution Remittance Report that will serve as confirmation of the contributions allocated to the plan participants’ accounts. Employer is solely responsible for notifying PSS of any errors or inaccuracies relating to information that is contained in, or omitted from, the Contribution Remittance Reports, including errors or inaccuracies arising from any transactions entered in eContributions.

Employer shall indemnify and hold harmless PFS Investments and its service provider, Primerica Shareholder Services, BNY Mellon, and their officers, employees, agents and successors from and against any and all liability, loss, suits, claims, costs, damages and expenses of whatever amount and whatever nature, including without limitation, reasonable attorneys’ fees, any Indemnatee may sustain or incur by reason of, in consequence of, or arising from, or in connection with, or in relation to an Indemnatee acting or forbearing from taking action in good-faith reliance on Plan Contribution Instructions from Employer or its Authorized Users.

Employer acknowledges and agrees that Employer’s and Authorized Users’ access to and use of eContributions is subject to the eContributions website Terms of Use, including the Predispute Arbitration Agreement.

Employer acknowledges and agrees that PSS may for any reason, at any time, upon notice to Employer discontinue accepting Plan Contribution Instructions via the eContributions website.

EMPLOYER SIGNATURE (Authorized signer’s signature representing the employer / company)

Authorized Officer Signature: _____ Date: _____

Authorized Officer Name: (please print) _____ Title: _____

Authorized Officer E-mail Address: _____ Authorized Officer Mobile Number: _____

NOTE: This number will be used to receive account reset notifications

4 | ELECTRONIC FUNDS TRANSFER AUTHORIZATION

If you would like to facilitate the delivery of Plan contributions by authorizing Primerica Shareholder Services to initiate debits against your company's designated bank account in accordance with your Plan Contribution Instructions, please provide the requested information below. Please note that your bank must be a member of the Automated Clearing House (ACH). Allow up to 15 business days for PSS to set up your bank account instructions.

NOTE: By completing this section, your company will be able to authorize plan contributions directly through eContributions and will not need to provide separate payment via check or Federal wire.

Company Name: _____ Timer / Plan ID: _____

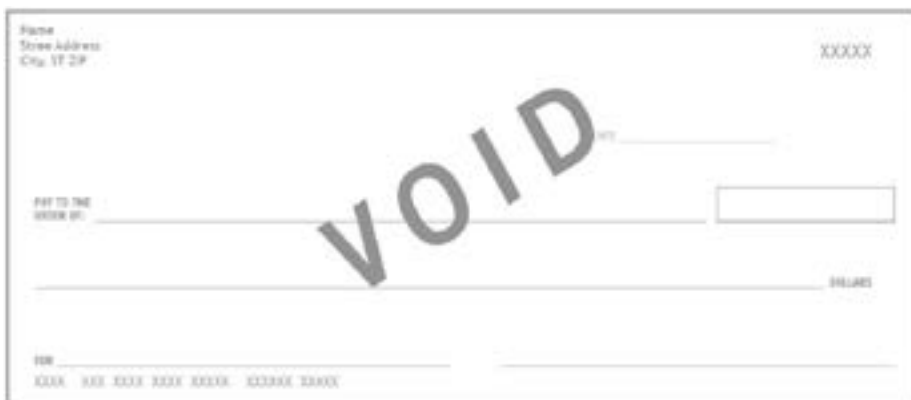
ACCOUNT INFORMATION

☐ Checking Account ☐ Savings Account

Bank Account Owner/Employer Name: _____ Bank Name: _____

Bank Routing Number: (9 digits) _____ Bank Account Number: _____

NOTE: Tape a voided or copy of voided, preprinted check or preprinted savings account deposit slip here. Copy of a voided check is **recommended** for processing.



By signing below, Employer authorizes Primerica Shareholder Services (PSS), to initiate electronic debits to the deposit account identified above ("Bank Account") when instructed to do so by Employer on eContributions (and to make, if necessary, adjusting transfers if any amounts are transferred in error). PSS will debit Bank Account within three days of receipt of each set of completed Plan Contribution Instructions through eContributions for the amount designated in the "Target" field on eContributions.

Employer understands and agrees that this authorization will remain in full force and effect until PSS has received notification from Employer's authorized officer that the authorization is terminated and PSS and the Employer's bank noted above ("Bank") have had a reasonable opportunity to act on the notification. Employer also agrees that Primerica Shareholder Services may make additional attempts to debit the Bank Account noted above if an initial attempt fails, and if a transfer is denied by the Bank for any reason, PSS will discontinue this authorization.

Authorized Signer of Bank Account: _____ Date: _____

Name and Title: (please print) _____

Authorized Signer of Bank Account: _____ Date: _____

Name and Title: (please print) _____

Once completed, mail or fax the form and required documents to the appropriate address or services listed for processing.

Please send to:**Regular Mail****Overnight Mail**

Primerica Shareholder Services
P.O. Box 534473
Pittsburgh, PA 15253 – 4473

Primerica Shareholder Services
Attention: 534473
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax Services (844) 568-3809
Client Services: (800) 544-5445