

(Enter Name of Plan)

Document Amendment Service Authorization

As evidenced by the signature found below, Employee Benefit Systems, Inc. (EBS) is hereby authorized to prepare and provide plan documentation which amends the above named qualified retirement plan. It is understood that EBS does not provide a practice of law. This service does not cover any issue of compliance, administration, or qualification of the above named Plan, or the Amendment thereto. Finally, it is also understood that EBS shall bear no responsibility toward the timing or appropriateness of document execution.

Date: _____ Sign: _____

Print Name: _____

Signer's Relation to Plan Sponsor: _____

If person signing above is not an authorized, legal representative of the Plan Sponsor, it is understood that said person is responsible for conveying the definition of our service to Plan Sponsor. In addition, documents generated will be provided to the person named above, who shall also be responsible to process said documents with the Plan Sponsor.

Purpose of Amendment

Please describe how the Amendment is expected to change the above name Plan. In other words, what do you want the Amendment to change under the current Plan? (Be sure to attach the most recent Plan documents.)

Contact Data

Enter below the contact information EBS should use with respect to this service. Please note that it is required that we be provided with an email address for "mailing" documents. We also note that the stated \$195 fee applies if the amendment is typical. Complex amendments may require a higher fee. In that case, we shall call you for approval prior to taking any action. If terms do not meet your approval, the \$195 paid shall be returned in full.

Contact Name: _____

Phone Number: _____ Fax Number: _____

Contact's email address: _____

(Make sure that email address is legible.)

Mail this Authorization with a copy of the current plan document, and your check for \$195 (payable to "Employee Benefit Systems, Inc.") to:

**Employee Benefit Systems, Inc.
PO Box 609
Kresgeville, PA 18333-0609.**