

(Enter Name of Plan)

Document Service Authorization

Service Authorization

As evidenced by the signature found below, Employee Benefit Systems, Inc. (EBS) is hereby authorized to prepare and provide plan documentation for the named qualified retirement plan, using their "Plan Document Service". It is understood that EBS does not provide a practice of law. It is agreed that the service being provided by EBS is specifically limited to the provision of a "pre-approved plan document"; containing language as appropriate for plans at the time documents are generated. (Documents will be provided exclusively by email (pdf files).) This service does not cover any issue of compliance, administration, timeliness, or qualification of the above named Plan. Finally, it is also understood that EBS shall bear no responsibility toward the on-going qualification of the plan language.

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.

Plan Design Parameters

If the Plan is a "new plan" then please attach a written description of Plan terms. This description can be general in nature but must describe requirements for plan entry and forms of contributions under the Plan. (We will call the person you list below for specific details as needed.) If this Plan is a restatement, please attach the most recent Plan documents. If changes to this design are desired, please attach an explanation of the desired changes.

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.

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 \$1,000 (payable to "Employee Benefit Systems, Inc.") to:

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