

1 Plan Information

PLAN NAME <i>(as it appears on your plan document)</i>	EMPLOYER NAME	
EMAIL ADDRESS <i>(required)</i>	DAYTIME PHONE NUMBER	

2 Payment of Fees

\$449 Annual Plan Document Fee - Pay by: ☐ CREDIT CARD ☐ CHECK - MADE PAYABLE TO ENTRUST ADMINISTRATION INC.

3 Credit Card Information

PAY WITH CARD ON FILE ☐	LAST 4 DIGITS OF CARD ____		
NEW CARD <i>(select one)</i> : ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER			
NAME AS IT APPEARS ON CARD	CARD NUMBER	SECURITY CODE	
EXPIRATION DATE	BILLING ADDRESS		
CITY, STATE, ZIP CODE			
By signing below, you authorize Entrust to charge your credit card for the fees associated with this transaction. Your request will be processed upon receipt of this form. You understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction.			
SIGNATURE OF CARDHOLDER		DATE	

4 Employer Signature

Accounts that have not been funded with cash and/or assets within 6 months of establishment will be closed automatically.

In accordance with your Adoption Agreement, this Fee Schedule is part of your Agreement with the Recordkeeper.

SIGNATURE OF EMPLOYER	DATE
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