& Associates, Inc.

One North Park Drive, Suite 104 Hunt Valley, MD 21030-1816 410.771.3035 fax 410.771.3036 pollardpensions.com

## Pollard's Notice Distribution Service Authorization Form

Please complete the form below if you would like to participate in Pollard's Notice Distribution Service.	
☐ I WOULD LIKE TO PARTICIPATE IN POLLARD'S NOTICE DISTRIBUTION SERVICE. I understand that the cost for this service is a Flat Charge <u>plus</u> a per participant charge to cover cost of distribution.	
Pollard will directly distribute all required annual plan notices. This will include up to two (2) mailings per year for the following notices (as applicable to your plan):	
Summary Annual Report (SAR)	By September 30 <sup>th</sup> , or extended date
Safe Harbor Notice	By December 1 <sup>st</sup>
Qualified Default Investment (QDIA) Notice	By December 1 <sup>st</sup>
Automatic Enrollment Notice	By December 1 <sup>st</sup>
404a-5 Annual Fee Disclosure Notice	Aligned with the SAR or December 1 <sup>st</sup> distribution date
An annual charge based on the plan's participant count will apply as follows and will be billed prior to processing:	
Under 20 Participants:	\$325 + \$16 per participant
20 to 50 Participants:	\$550 + \$11 per participant
50+ Participants:	\$825 + \$9 per participant
responsible for providing the required notices to any <u>new</u> participants as they become eligible to enter the Plan during the year. Any updates to the 404a-5 fee disclosure Notice because of changes to investment options or fees charged under the plan require notification to participants 30-90 days in advance. Change notices will be charged to the client at postal/fulfillment cost; no additional service fee. Pollard will distribute annual notices electronically to all participants who qualify under the DOL's Interim Policy on Electronic Disclosure (see Pollard's website for additional detail). All other notices will be distributed by mail.	
If you would like to participate in Pollard's Notice Distribution Service, we will pre-populate a distribution list and ask you to complete any missing information:	
<ul> <li>a. Email addresses for each participant with a workplace email address;</li> <li>b. A current home address for those employees who do not have regular computer access at the workplace;</li> <li>c. A current home address for each terminated participant with a balance, with authorization to process an address search (\$20 per participant) for any participant with an incorrect or missing address.</li> </ul>	
Authorization  We are hereby requesting the assistance of Pollard & Associates, Inc. with fulfilling our annual notice requirements. We understand that we will receive an invoice for this service based on the fee schedule above. Once selected, this authorization will remain in effect each year unless revoked in writing at least 90 days prior to the first date of distribution.	
Signature/Title:	Date:
Company/Plan Name:	

Please return this completed and signed authorization form to <u>pollardadmin@pollardpensions.com</u> or via fax at 410.771.3036.