

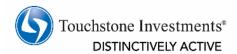


## **Money Purchase Program Contribution Agreement**

Instructions: Only use this form if you already completed an Account Application.

Employee Information (Please complete all sect	tions.)			
Employee Name			Social Security Number	
Street Address			Date of Hire	
City	State	Zip Code	Date of Birth	
Daytime Phone	Daytime Phone Email Address			
Employer Name and Address				
Check one: ☐ New Agreement ☐ Change	e to previo	us Agreemen	t	
Contribution Election				
Indicate the amount of compensation you want to contribute to the Plan each payroll period or check the box if you choose not to contribute at this time. In any year that you are age 50 or older, you may choose to defer up to the additional catch-up contribution limit permitted within the Plan by including that amount in your election.  You may choose an employer contribution, however the sum cannot exceed the annual contribution limit.				
Refer to your Plan's contribution limits for additional	informatio	n.		
Employer contributions: \$ (must	be a dollar	r amount)		
Prior Year contributions: \$ (must	be a dollar	amount)		
☐ I choose not to contribute at this time. I understand that I may elect to begin contributing on any future date permitted by the Plan.				
Contribution Frequency: ☐ Annual ☐ Semi Monthly (1 <sup>st</sup> and 15 <sup>th</sup> ) ☐ Monthly (1 <sup>st</sup> business day of month)				
Contribution Amount (select one):  Employer Contribution Amount \$				
Contribution Start Date  Indicate Start Month or Sta	art Immedia	ately		

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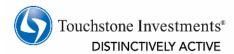




## Money Purchase Program Contribution Agreement

Prior Year Contributions Frequency (prior year ☐ January ☐ February ☐ March ☐ Ap		an be made from January through April)	
If you are submitting a Contribution by check բ	olease make it p	ayable as follows:	
Charles Schwab Trust Bank Custodian for the 401(a) Progra	ım - #107883		
Please note the payment must be in the form checks.	of a Money Orde	er or Cashier's Check. The Plan does not acc	cept personal
INVESTMENT ELECTIONS – In what fund	(s) would you l	ike to invest?	
INVESTMENT OPTION	PERCENTAGE	INVESTMENT OPTION	PERCENTAGE
Touchstone Active Bond Fund Class A	%	Touchstone Small Company Fund Class A	%
Touchstone Balanced Fund Class A	%	Touchstone Non-US ESG Equity Fund Class A	%
Touchstone Flexible Income Fund Class A	%	Touchstone Ultra Short Duration Fixed Income Fund Class A	%
Touchstone International Value Fund Class A	%	Federated Government Obligations Fund SS	%
Touchstone Ares Credit Opportunities Fund Class A	%	Touchstone Strategic Income Opportunities Class A	%
Touchstone Dividend Equity Fund Class A	%	Touchstone Sands Select Growth Fund Class A	%
Touchstone Large Cap Focused Fund Class A	%	Touchstone Value Fund Class A	%
		TOTAL	100%
Bank Information  ACH (Automated Clearing House) pull may or contributions to be taken directly from your ba		ontributions. Complete this section if you wan	t your
Bank Name  Account Type:		Bank Phone	
Bank Routing Transit Number	Savings	Bank Account Number	

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## **Money Purchase Program Contribution Agreement**

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properly has implemented my discover any discrepancy bet designee will treat my failure applies, by the cut-off date fo	y contribution election. Furtherr ween my pay records and this e to report any withholding erro or the next following payroll, as	more, I have a d Salary Reduction ors for any payro my affirmative o	cords (pay stub, etc.) to confirm the Employer uty to inform the Employer or its designee if I in Agreement. I understand the Employer or its oll to which my Salary Reduction Agreement election to defer the amount actually withheld consistent with the Plan terms.
Employee Signature		Date	
Send completed form to:	USI Consulting Group		

Attn: Touchstone Investments Service Team

95 Glastonbury Blvd., Suite 102 Glastonbury, CT 06033-6503 Phone: (866) 305-8846, Plan Code 656

Fax: (610) 537-2708

Email: Touchstonefinancialadvisors@usi.com

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