

PERA SmartSave Deferred Contribution Plan
Authorization Agreement for ACH Debit and Payroll Reporting Form

The following form and instructions will be used to establish or make changes to the ACH Debit Service with Voya Financial and/or establish or make changes to the payroll frequency and dates for your contribution files.

Important information regarding ACH Debit Service with Voya Financial:

- This form should be completed only for direct payment from your bank account to fund participant contributions.
- If your Employer uses an ACH Debit Blocking Service to specify which companies are authorized to post ACH debits to your account, please add contact Voya at ID-NewMexicoPayroll@voya.com for information to provide to your bank.

Form Instructions:

- Complete all applicable sections of the form:
 - Section A: Employer Information
 - Section B: ACH Debit Set Up and Changes
 - Section C: Payroll Reporting
- If you have questions about completing the *Authorization Agreement for ACH Debit and Payroll Reporting Form*, please email Voya at ID-NewMexicoPayroll@voya.com
- Return completed form to Voya Financial at ID-NewMexicoPayroll@voya.com
- Please allow a minimum of five (5) business days for processing.

**PERA SmartSave Deferred Contribution Plan
Authorization Agreement for ACH Debit and Payroll Reporting Form**

SECTION A - EMPLOYER INFORMATION

Employer Name: _____ Telephone: _____

Address: _____
Street City State Zip Code

SECTION B – ACH DEBIT SET UP AND CHANGES:

Check one: Initial set up of ACH Debit Change ACH Debit

BANK ACCOUNT CONTACT INFORMATION

(Please provide the employer location contact should there be an issue with the ACH Debit process.)

Name: _____

Telephone: _____

Email Address: _____

BANK ACCOUNT INFORMATION

Name of Financial Institution: _____ Telephone: _____

Branch: _____

Address: _____
Street City State Zip Code

Account Type: Checking Savings

Account Title _____

Account Number: _____

Transit/ABA Routing Number (9 digit number on bottom of checks between “ “ marks): _____

SECTION C - PAYROLL REPORTING:

Complete this section to provide Vaya information on your payroll dates. The information provided below should be for the pay date that employees are paid.

Check one: Initial set up of Payroll Reporting Change to Payroll Reporting

PAYROLL INFORMATION

Payroll ID: (required for multiple payrolls) _____

Payroll Frequency: weekly bi-weekly semi-monthly monthly other _____

Payroll Date:

If weekly or bi-weekly: Monday Tuesday Wednesday Thursday Friday

If semi-monthly: what dates? 1st-31st _____ and _____

If monthly: what date? 1st-31st _____

If other, please explain: _____

Start Date of First Payroll Cycle: (MM/DD/CCYY) _____

End Date of First Payroll Cycle: (MM/DD/CCYY) _____

Initial Due Date: (Pay date corresponding to the first payroll cycle) (MM/DD/CCYY) _____

(If there are multiple payrolls for your employer location, please complete and attach page 4 "Additional Payroll Information".)

New Roth Deferral Option

A Roth deferral option is also being added for participants. **If you elect to add Roth, your payroll system must be able to accommodate this additional contribution type.**

Will you offer Roth: Yes No If you make no election the default will be No.

Do you offer Employer Contribution "Match" Yes No

If you currently offer any type of employer contribution, please indicate the details of this "match" below.

PAYROLL CONTACT INFORMATION

(Please provide two (2) contacts for each employer location. These individuals will have access to the payroll reporting system.)

Contact #1:

Name: _____

Telephone: _____

Email Address: _____

Contact #2:

Name: _____

Telephone: _____

Email Address: _____

AUTHORIZATION

I have carefully reviewed the banking information above and certify that I am authorized to make this agreement on behalf of my employer. The statements made herein by me are those of my employer. I acknowledge and understand that this agreement is made to provide for the administration of the PERA SmartSave Deferred Compensation Plan (the Plan), the Plan and its representatives will rely on its terms and use the information contained herein.

I understand that the account above will serve as the account of record with Voya Financial for the automatic ACH direct debiting of Participant contributions to the Plan. I understand and agree that my employer is responsible for submitting timely, complete and accurate payroll information and funding the designated account with all contributions required for each payroll concurrently with providing the payroll and contribution data. I authorize Voya to automatically debit the bank account listed above to fund Participant contributions. I understand that Voya will automatically ACH direct debit the designated account as part of its processing of payroll contribution data.

I understand I may change the designated account at any time by notifying Voya in writing, but that such change will only become effective as soon as administratively feasible upon Voya receiving notice of the change.

Authorized Representative _____ Title _____

Signature _____ Date _____

ADDITIONAL PAYROLL INFORMATION

(If there are multiple payrolls for your employer location, please complete this page.)

EMPLOYER INFORMATION

Employer Name: _____ Telephone: _____

Address: _____
Street City State Zip Code

Payroll Frequency #2

Payroll Frequency: weekly bi-weekly semi-monthly monthly other _____

Payroll Date:

If weekly or bi-weekly: Monday Tuesday Wednesday Thursday Friday

If semi-monthly: what dates? 1st-31st _____ and _____

If monthly: what date? 1st-31st _____

If other, please explain: _____

These dates should be based on the first pay date in October 2019.

Start Date of First Payroll Cycle: (MM/DD/CCYY) _____

End Date of First Payroll Cycle: (MM/DD/CCYY) _____

Initial Due Date: (Pay date corresponding to the first payroll cycle) (MM/DD/CCYY) _____

Current Payroll Vendor: (if manual, please indicate) _____

Payroll Frequency #3

Payroll Frequency: weekly bi-weekly semi-monthly monthly other

Payroll Date:

If weekly or bi-weekly: Monday Tuesday Wednesday Thursday Friday

If semi-monthly: what dates? 1st-31st _____ and _____

If monthly: what date? 1st-31st _____

If other, please explain: _____

These dates should be based on the first pay date in October 2019.

Start Date of First Payroll Cycle: (MM/DD/CCYY) _____

End Date of First Payroll Cycle: (MM/DD/CCYY) _____

Initial Due Date: (Pay date corresponding to the first payroll cycle) (MM/DD/CCYY) _____

Current Payroll Vendor: (if manual, please indicate) _____