



BANKING INFORMATION

PLAN SERVICE CENTER (PSC) BANKING INFORMATION FORM

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK

Policy/Plan Number: _____

Division (if applicable): Name: _____ Number: _____

***Please submit a separate banking form for each division.**

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax _____

The Primary/Site Contact is the person that we will contact if we have any questions or concerns and when the banking change is complete.

Primary/Site Contact (Please Print): Mr./Mrs./Ms. _____ Title: _____

(First Name) (Last Name) E-mail Address: _____

Telephone #: _____ Extension: _____

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FASCore
P.O. Box 1400
Dept. 589 - 4T2
Denver, CO 80201

Date: _____

RE: Automated Clearing House Account Access for Retirement Plan

Please accept this as formal notification that effective _____ **[INSERT EFFECTIVE DATE]**,
_____ **[INSERT NAME OF PLAN SPONSOR]**, (the "Plan Sponsor"), has engaged Great-West
Retirement Services ("Great-West") to be the recordkeeper for the _____ **[INSERT
FORMAL NAME OF RETIRMENT PLAN]** (the "Plan"), as sponsored by the Plan Sponsor. The Plan Sponsor acknowledges that
Great-West is a non-discretionary recordkeeper and that the Plan Sponsor retains all responsibilities otherwise not delegated to Great-
West in a formal agreement.

To facilitate Great-West's recordkeeping duties for the Plan, Great-West and its affiliates are hereby authorized to access the
Contractholder's designated account at the depository financial institution listed below to initiate debit or credit transaction via the
Automated Clearing House (ACH) for the Plan. Company agrees to notify its depository financial institution of this arrangement.

Depository Financial Institution Information:

Company's Depository Financial Institution: _____

Complete Address: _____

Account Title: _____

Account Type: Checking: ☐ Savings: ☐ Money Market: ☐

Account Number: _____ Routing Number: _____

Depository Financial Institution Contact: _____

Telephone #: _____

The Plan Sponsor agrees to provide Great-West with 30 days notice, prior to closing or changing this account.

Signed: _____ Title: _____

Cc: **[DEPOSITORY FINANCIAL INSTITUTION]**: _____

Please complete, fax to Great-West, and provide a copy to your financial institution.

FAX NUMBER: (303) 737-4028