



Plan Service Center – Internet GuideLinksm Order Form

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK

1. Applicant Information _____ New Application _____ Change _____ Policy/Group Account #: _____
Client Type: _____ Client _____ Broker/Agent _____
PPS _____ Third Party Client Representative (3rd Party Agreement required)

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____ Fax: (____) _____ - _____

Primary Contact: Mr./Mrs./Ms. _____ Title: _____
(First Name) (Last Name)

E-mail Address: _____

Phone Number: (____) _____ - _____ Extension: _____

- A. Does your plan allow hardship withdrawals? (circle one) Yes No
B. Does your plan allow loans? (circle one) Yes No
C. If yes, do we administer loans for your plan? (circle one) Yes No

2. User Information: Users for contribution processing, view/change participant, online reports, and online disbursement approval (if applicable).

User 1: Mr./Mrs./Ms.: _____ SSN: _____
(First Name) (Last Name)

Phone #: (____) _____ Extension: _____ E-mail Address: _____

*Are you authorized to sign off on disbursements Yes or No (circle one).
If No, should you be able to view disbursements online? Yes or No (circle one).

User 2: Mr./Mrs./Ms.: _____ SSN: _____
(First Name) (Last Name)

Phone #: (____) _____ Extension: _____ E-mail Address: _____

*Are you authorized to sign off on disbursements Yes or No (circle one).
If No, should you be able to view disbursements online? Yes or No (circle one).

User 3: Mr./Mrs./Ms.: _____ SSN: _____
(First Name) (Last Name)

Phone #: (____) _____ Extension: _____ E-mail Address: _____

*Are you authorized to sign off on disbursements Yes or No (circle one).
If No, should you be able to view disbursements online? Yes or No (circle one).

*Disbursement Approval: Plan Service Center allows you to complete and approve certain types of disbursements. If we receive an incomplete disbursement request for certain disbursement reasons (i.e., retirement, separation from service, loan, and hardship) you will have the ability to fill in the missing or invalid information and approve the disbursement online.

It is required that at least one user be set up with update access to this function.

*Update Access: Authorization to complete and submit disbursements online.

*View Access: User has the ability to see the items listed on the To Do List, but cannot Update or Submit any information.

3. Signature: When users complete and submit disbursements online using their user id and password, this will serve as their electronic signature and approval of the disbursement. Such electronic signature will satisfy all legal signatory obligations of the Plan Sponsor and will carry the same legal authority as a hand written signature. By signing this form, the Plan Sponsor hereby agrees to these terms.

Authorized Signer (Please Print): _____

Signature: _____ Title: _____

4. Internal Use Only: Product Type: _____ NEF _____ Orchard NAV _____ Orchard TRS _____ New _____ Conversion
Plan Name _____ Plan Number _____
Case Manager _____ CM Logon ID _____ Sales Office _____
Sales Rep Name _____ Service Rep Name _____ New Case/In
Force Case Y/N _____ Existing Life & Health Y/N _____ Existing Benlink Y/N _____ 1/02

Please complete, fax to New England Financial, and send a copy to your bank.

New England Financial
P.O. Box 1400
Dept. 589 - 6T3
Denver, CO 80201

Date: _____

RE: Automated Clearing House Withdrawals for 401(k) Plan

Please accept this as formal notification that effective _____, New England Financial Insurance Company (New England) will be responsible for the recordkeeping of _____'s (Contractholder) Pension Plan. Appropriate notification has been sent to the Contractholder's bank.

New England will administer the 401(k) plan provided by the Contractholder. To facilitate administration of the 401(k) Plan, New England and its affiliates is hereby authorized to access the account listed below, to withdraw or deposit monies in respect to contributions to the Plan, via the Automated Clearing House (ACH) on behalf of the Contractholder. The Contractholder has full responsibility for this 401(k) Plan.

Therefore the undersigned, as an Officer of this Company, hereby grants New England and its affiliates authority to make deposits and withdrawals from the account noted below:

Contractholder's Bank: _____

Complete Address: _____