



Plan Service Center – Banking Change 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: _____

Phone Number: (____) _____ - _____ 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: _____

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

A VOIDED CHECK OR MICR SPECIFICATION SHEET WILL BE REQUIRED TO COMPLETE THIS REQUEST

PLEASE ATTACH A VOIDED CHECK OR MICR SPECIFICATION SHEET

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: _____

Bank Account Name: _____

Bank Account Type: ___ Checking ___ Savings

Account Number: _____ Routing Number: _____

Bank Representative: _____

Telephone # _____

Enclosed herewith is a MICR specification sheet (or voided check), for purposes of verifying account information.

The Contractholder agrees to provide New England and its affiliates with 30 days notice, prior to closing or changing this account.

Signed: _____ Title: _____

Cc: Your Bank _____

PLEASE ATTACH A VOIDED CHECK OR MICR SPECIFICATION SHEET

FAX NUMBER: 303-737-4028