

AUTOMATIC ENROLLMENT OPT OUT FORM

Your employer's retirement plan includes a provision that automatically enrolls eligible employees into the plan so that they can start saving for retirement and take advantage of tax benefits and other benefits from participating in the plan. You have the right to opt out of participating in the plan or change the amount that you contribute to it from your wages. You can submit your directions to us by logging into your Vestwell account or by submitting this form. If we do not receive a properly submitted opt out request, you will be enrolled in your plan. *Please see the attached Summary Plan Description for more information about your plan's eligibility requirements and automatic enrollment terms.*

PARTICIPANT INFORMATION

Last Name	First Name	MI	Social Security Number		
Address - Number and Street			City	State	Zip
Date of Hire: ____/____/____					
() Work Phone			() Home Phone		

I would like this instruction to be effective for the first pay period beginning on or after ____/____/____. Vestwell will process your instructions as soon as commercially practicable.

Please read and confirm all of the statements below:

- I have reviewed, understand, and agree to the terms in this Automatic Enrollment Opt Out Form and have read my plan's Summary Plan Description in full.
- I understand that I can change my decision and start or increase my contributions to my retirement plan account any time by logging into vestwell.com and registering for a Vestwell account.
- I understand that my instructions on this form will continue until I revoke or change them.
- I understand that this agreement supersedes and nullifies any prior Automatic Enrollment Opt Out Form under this Plan.

I instruct Vestwell and the Plan Administrator not to withhold any deferrals from my wages to be contributed to the Plan. If my employer is completing and submitting this on my behalf, I have authorized my employer to do so and authorize Vestwell to follow the instructions in my completed form.

Signature of Participant (or Plan Sponsor, if submitting on behalf of a participant)

Print Name of Participant

Date: _____