

PPA Defined Benefit Plan Service Authorization

Employee Benefit Systems, Inc. (EBS) is hereby authorized to prepare and provide plan documentation for the named qualified retirement plan, using their "Plan Document Service". It is understood that EBS does not provide a practice of law. It is also agreed that the service being provided by EBS is specifically limited to the provision of a "pre-approved plan document"; containing language as appropriate for plans at the time documents are generated. Documents will then be provided exclusively by email (pdf files). This service does not cover any issue of compliance, design, administration, timeliness, or qualification of the above named Plan. Finally, it is also understood that EBS shall bear no responsibility toward the on-going qualification of the plan in any respect.

{Enter Name of Plan}

Date: _____ Sign: _____

Print Name: _____

Signer's Relation to Plan Sponsor: _____

If person signing above is not an authorized, legal representative of the Plan Sponsor, it is understood that said person is responsible for conveying the definition of our service to Plan Sponsor. Our service is ONLY provided under the terms defined above, and a failure to convey such to the Plan Sponsor shall be the sole liability of the person name above.

Plan Design

Under this service all plan design consulting services are provided exclusively by Bury & Associates, Inc. You will be contacted on this concern by Bury & Associates as needed.

Contact Data

Enter below the contact information EBS should use with respect to this service. Please note it is required that we be provided with an email address. In addition, if you would like us to address any future "technical correction amendments", Plan Sponsor contact data must be used. You may also attach special contact instructions if desired.

Contact Name: _____

Phone Number: _____ Fax Number: _____

Contact's email address: _____

(Please make sure that email address is legible and easily deciphered. If EBS is unable to properly decipher this address, EBS shall not be responsible for concerns created by the transmission of documents to an incorrect address. It is agreed that in the event documents are sent to an incorrect email address, Bury and Associates shall be responsible to forward documents to the above party. EBS shall have no responsibility to verify documents are received by said party if documents are also sent to Bury & Associates.)

Mail this Authorization and check for \$1,200 payable to "Employee Benefit Systems, Inc." to:

Employee Benefit Systems, Inc.
PO Box 609
Kresgeville, PA 18333-0609

Please be advised that both this Authorization and payment are required for this service.