

Document Service Authorization Bury & Associates, Inc. Clients

This Form allows for a special document service that is available exclusively to clients of Bury & Associates, Inc. As evidenced by the signature found below, Employee Benefit Systems, Inc. (EBS) is hereby authorized to prepare and provide plan documentation for the named qualified retirement plan, using the "EBS Plan Document Service".

It is agreed that the service being provided by EBS is limited to the provision of a "pre-approved plan document", as available to EBS at the time of service. This service does not cover any issue of compliance, design, administration, timeliness, legal issues, and/or present or future qualification of the above named Plan. Lastly, documents will be provided exclusively by email (pdf files).

Service Authorization

{Enter Names of Plans}

Date: _____ Sign: _____

Print Name: _____

Signer's Relation to Plan Sponsor (Client Firm): _____

If person signing above is not 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 the terms defined above, a failure to convey such shall be the sole liability of the person name above.

Client Primary Contact Data

Enter below the contact information EBS should use as the primary contact *at Client Firm* for plan document. This information is used exclusively for named Plan Administrator/Trustee/Agent for Legal Services as required in various notices and forms. **Please be advised that we will not contact this Client unless specifically directed to contact the Client Firm.**

Client Firm Contact Name: _____

Contact's email address: _____

Professional Advisor Contact

Be sure to select whether this person is the only contact for EBS by checking of option

Contact Name: _____

Phone #: _____ Fax #: _____

Advisor's email address: _____

() Only Send Documents to the Advisor Contact () Copy person with documents sent to Client.

How to Submit for Service

Mail Authorization WITH check for \$950 check payable to "Employee Benefit Systems, Inc." to

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

*Failure to provide both this Authorization and payment at the same time will result in delays.
If any item is not legible, you are directed us to send document exclusively to Bury & Associates, Inc.
Credit Cards can be used with our "Pay Pal Link". Contact us for details.*