



Banking Change Request Form

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK

Plan Number: _____

*Division (if applicable): Name: _____ Number: _____

***Please submit a separate banking form for each division.**

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ 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: _____

Telephone #: _____ Extension: _____

CONTINUE TO PAGE 2

EMPOWER Retirement
P.O. Box 1400
Dept. 589 - 4T2
Denver, CO 80201

Date: _____

RE: Automated Clearing House Account Access for Retirement Plan
Please accept this as formal notification that effective:

Effective Date: _____

Plan Sponsor's Name: _____

(The "Plan Sponsor"), has engaged Great-West Financial Retirement Services ("Great-West Financial") to be the recordkeeper for the

Plan Name: _____

(the "Plan"), as sponsored by the Plan Sponsor. The Plan Sponsor acknowledges that Great-West Financial is a non-discretionary recordkeeper and that the Plan Sponsor retains all responsibilities otherwise not delegated to Great-West Financial in a formal agreement.

To facilitate EMPOWER Retirement's recordkeeping duties for the Plan, EMPOWER Retirement and its affiliates are hereby authorized to access the Contractholder's designated account at the depository financial institution listed below to initiate debit or credit transaction via the Automated Clearing House (ACH) for the Plan. Company agrees to notify its depository financial institution of this arrangement.

Depository Financial Institution Information:

Company's Depository Financial Institution: _____

Complete Address: _____

Account Title: _____

Account Type: Checking: Savings: Money Market:

Account Number: _____ Routing Number: _____

Depository Financial Institution Contact: _____

Telephone #: _____

The Plan Sponsor agrees to provide Great-West Financial with 30 days notice, prior to closing or changing this account.

Authorized Plan Representative:	
Signature: _____	Print Name: _____
Title: _____	E-mail: _____
Phone #: _____	Date: _____

Cc: **[DEPOSITORY FINANCIAL INSTITUTION]:** _____

**PLEASE COMPLETE AND FAX OR EMAIL TO EMPOWER RETIREMENT.
FAX NUMBER: (303) 801-5228
EMAIL: security@retirementpartner.com**