WEA Member Benefits
Every member financially secure.

P.O. Box 7893 • Madison, WI 53707-7893
1-800-279-4030
Fax: (608) 237-2529

SmartPlan IRA Authorization or Modification(s)

Use this form, or log into yourMONEY™, to establish or modify a plan for contributions via automated withdrawals (debits) from your financial institution that are electronically transmitted through the Automated Clearing House (ACH) to your WEA Member Benefits IRA(s). WEA Member Benefits (Member Benefits) does not assess a fee for the SmartPlan option. However, we recommend that you check with your financial institution to determine whether it charges fees for this type of transaction.

1. Participant Information—print legibly.

Name ______________________________ Social Security No. ______________________

Address ______________________________ Date of Birth ______________________

______________________________ Email ______________________
City State ZIP

Would you like to receive status updates on your request via text message? YES ◯ NO ◯ Mobile Number (_______) __________________
Message and data rates may apply.

2. Contribution Information (You can also log into yourMONEY and make your contribution there.)

Select contribution method: Contributions to all Traditional, Roth, and SEP IRA accounts cannot exceed the annual Internal Revenue Code limit.

Must select only one option.

◯ OPTION 1: One-time Contribution by ACH pull (Contribution will be pulled within 5 business days of receipt of this form.) Indicate the tax year ____________ If you do not indicate tax year, your contribution will be credited to the year in which your contribution was received.

◯ OPTION 2: Monthly Contribution by ACH pull (We will debit your bank account on the 15th of each month. If the 15th is a non-business day, your transaction will be processed on the next business day.) All contributions will be the current tax year.

Contribution: ☐ Start ☐ Change ☐ Stop

In the table below fill in the contribution amount and month of the first draw.

Name of Account	Month of ACH Draw	Contribution Amount
Traditional IRA Account (N9910A)		$
Roth IRA Account (N9910B)		$
SEP IRA Account (N9910C) (business checking or business savings account)		$
Total Amount (Minimum $20)		**$**

3. Your Account Information—remember to sign on page 2.

Important: Attach a voided check, copy of your statement, or letter from your financial institution to verify account and routing numbers.

Account Type (<u>must</u> select one) ◯ Savings ◯ Checking Financial Institution Name. ______________________

Routing No. ☐☐☐☐☐☐☐☐☐

Account No. (*Do not include any dashes, slashes, or spaces.*) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Please provide the following information about your financial institution and account from which the contributions will be withdrawn. If you do not know the routing number and/or account number, please ask your financial institution to assist you.

4. Investment Allocation

We will use your existing allocation information on file. If you wish to have a contribution credited using different allocations, you must first change your allocations on file. You can do this by accessing your account at weabenefits.com/your money or by calling us at 1-800-279-4030.

5. Signature and Date (Sign exactly as your account is registered.)

I authorize Matrix Trust Company on behalf of Member Benefits to withdraw from the financial institution as indicated above when my IRA contribution is due. The financial institution is authorized to debit the amounts to my account through the ACH network. I indemnify and hold harmless my financial institution, Matrix Trust Company, and Member Benefits for any loss, liability, or expense incurred from acting on these instructions. I understand that I may revoke this authorization by notifying Member Benefits at least 14 days prior to the next monthly debit. I understand that Member Benefits may assess a $15 insufficient funds fee for any debit not honored by my financial institution. Upon an occurrence of insufficient funds, the monthly SmartPlan IRA contribution option will be discontinued.

Participant's Signature ____ **Date** ____________________________

The Trustee Custodian for the WEA Member Benefits IRA accounts is Matrix Trust Company.