



PLEASE NOTE THE FOLLOWING WHEN SUBMITTING PROGRAM FORMS

- Use **only one** of the following methods of delivery:

By Mail:

ABA Retirement Funds Program
P.O. Box 55072
Boston, MA 02205-5072

By Overnight Delivery:

ABA Retirement Funds Program
30 Braintree Hill Office Park
Braintree, MA 02184

By Email: ProgramForms@voyaplans.com

- If you are emailing a form, **DO NOT** mail the original, or the transaction will be processed twice.
- Email only **one** form at a time unless the forms are related and for the same participant, in the same plan.
- Forms received in good order via e-mail by **1 p.m. Eastern time** on a business day are considered to be received on that day. Forms received electronically after 1 p.m. Eastern time will be considered to be received on the next business day.
- Please do not “cc” any other email addresses when sending a form to the Program by email, as this causes the email to abort.
- The email should include a single document as an attachment, which does not require access to an external portal or link.
- There should be no instructions in the body of the email; the form should contain any additional instructions.
- If you are going to password-protect the form, please use only “abafunds” or Abafunds*1.”

FORMS THAT CANNOT BE ACCEPTED VIA EMAIL

- If the form is being submitted to claim the assets in a deceased participant’s account, the form and a certified copy of the death certificate **must be mailed** or sent by overnight delivery.
- If spousal consent is required, and the witness is a notary, the form **must be mailed** or sent by overnight delivery so that the notary seal can be confirmed.

Forms submitted in any other manner will be considered to be received “not in good order,” which may cause a delay in processing the item.

Thank you for your cooperation so that we can best service your plan.

Note: after your email is received by the transaction processing group, you’ll receive an auto reply with a “Task” confirmation number. If you do not receive an auto reply, please contact us. Plan Administrators should call **800.752.6313**. Participants should call **800.348.2272**.



NOTIFICATION of Contributions / Loan Repayments by Wire

ABA Retirement Funds Program ("the Program")
P.O. Box 55072 • Boston, MA 02205-5072

Plan Administrator Line: 800.752.6313
Website: www.abaretirement.com

Complete this form to make contributions or loan repayments by wire. This notification must be received by the Program, along with a Contribution and Loan Repayment Remittance Form (Form 2) 48 hours (two business days) before receipt of the wired funds. For example, if you wish to wire funds on Thursday, the Program would need to receive this form and the Contribution and Loan Repayment Remittance Form (Form 2) by 4:00 p.m. Eastern time on Tuesday of that week.

1. EMPLOYER INFORMATION

Program Plan Number: _____ Employer Tax ID Number: _____ - _____ IRS Plan Number: _____

Employer's Name: _____ Employer's Business Phone Number: (____) _____ - _____

Employer's Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

2. WIRE INFORMATION

Wire Amount: \$ _____ Wire Date: ____ / ____ / _____

Wire Funds To: State Street Bank and Trust Company
Boston, MA
ABA #011000028
ABRA – New RIS #0001-028-0
Program Plan Number _____
Attn: Transaction Processing

Wire Funds From:

Name of Your Banking Institution: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of Contact at Bank: _____ Bank Phone Number: (____) _____ - _____

3. SIGNATURES

SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER

DATE