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 to establish or modify a plan for monthly 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

Social Security No. _____ Employer Name _____

WEAC No. (if applicable) _____

Name _____ Date of Birth _____
Last First Middle

Address _____ Phone (_____) _____

E-Mail Address _____
City State ZIP

2. Contribution Information

In the table below fill in the monthly contribution amount(s) for the WEA Member Benefits IRA account(s) to which you wish to make monthly contribution(s) via SmartPlan. We will debit your account on the 15th of each month for the "Total amount" (below). *Please note the following:*

- Contributions to all Traditional, Roth, and SEP IRA accounts cannot exceed the annual Internal Revenue Code limit.
- If we receive this completed form in our office by the end of the month, the first ACH debit can occur as early as the 15th of the following month if so desired. If the 15th is a non-business day, your transaction will be processed on the next business day.

Contribution: ◯ Start ◯ Change ◯ Stop

Name of Account	Month of First ACH Draw	Monthly 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

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

Account Type (must 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the following information about your financial institution and account from which the monthly contributions will be withdrawn.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. Signature and Date (Sign exactly as your account is registered.)

I authorize Newport 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, Newport 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 a second occurrence of insufficient funds, the SmartPlan IRA contribution option will be discontinued.

Participant's Signature _____ **Date** _____

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