

Plan(b)SM Automatic Enrollment Opt-Out Form



This form serves as your notice to your employer that you wish to decline enrollment in your employer's plan at this time.

- Please complete the form, sign it, and return it to your employer.
- If you decide to enroll in Plan(b) on your own later, simply go to www.PlanBaccount.com and enter your full 9-digit Social Security Number (xxxxxxxx) as your Username and your date of birth (mmddyyyy) as your password.
- To see the full range of investment options available in your employer's plan, please visit your employer web pages on your plan administrator's website by going to www.tsacg.com and selecting Plan Sponsor Pages. Then select your state and your school district, and click on Authorized Investment Providers List.

By signing this form, you acknowledge the following:

- I have read the terms of participation in my employer's Plan(b) plan. I decline enrollment at this time.
- If contributions from my salary have already begun, I understand that I have 90 days from the first contribution to request a refund. The refund will include all money deducted from my paycheck. I will not be charged any fees nor will I incur the 10% early withdrawal penalty. This refunded money will be subject to taxes (because it would have been taxed if it had never been deducted for a retirement account contribution), so I will receive a 1099 as part of the refund process. I understand that, after these 90 days, distributions/refunds are subject to penalties and will require a triggering event.
- I understand that my employer may provide notice of intent to enroll me in my employer's plan in the future and that, at that time, I will again have the option to remain in the plan or opt out.

Please send my refund to the following address:

Address

City

State

Zip

Printed Name

Signature

Date

----- **FOR EMPLOYER USE ONLY** -----

Printed Name of Recipient

Date Received

Initials

EMPLOYER:

Please **FAX** or **email** this form to TSA Consulting Group.

FAX: (866) 741-0645

Email: PlanBInquiry@tsacg.com

Subject: Plan(b) Refund