

# After Retirement Guide



**A Guide to Understanding Your Benefits**



Farm Credit  
Foundations

*Building Pathways*



## How to Keep Your Records Up to Date

### Under Age 65

You will need to contact:

- Farm Credit Foundations
- Minnesota Life if you continued your group universal life insurance
- New York Life Retirement Plan Services for your pension payments and/or 401(k) account

### Over Age 65

You will need to contact:

- Farm Credit Foundations
- AARP if you are using AARP as your Medicare Supplement provider (phone number on back of your medical card)
- Minnesota Life if you continued your group universal life insurance
- New York Life Retirement Plan Services for your pension payments and/or 401(k) account
- Social Security Administration
- Medicare

This After Retirement Guide has been created to assist with questions you may have and resources you may need after retiring. The guide also includes a checklist with important information to share with your beneficiaries.

## Health and Welfare Information

### Medical, Dental and/or Vision Coverage

The section applies if you are enrolled and continued your active medical, dental and/or vision coverage. Dental and vision coverage can only be continued for up to 18 months; however, retiree medical can be continued until age 65 when Medicare becomes your primary provider.

Note: If you did not continue coverage at time of retirement or if you canceled coverage during retirement, you are no longer eligible to participate in the Farm Credit Foundations benefit plans.

### Premium Payment

- Premiums are paid to Farm Credit Foundations and are due by the 25<sup>th</sup> of each month for the following month (i.e. July premium due by June 25<sup>th</sup>)
  - If you elected retiree under age 65 medical, Farm Credit Foundations requests that you complete an Authorization for Direct Debit form. By completing this form, premiums are taken from your bank account on the 15<sup>th</sup> of each month and pay that month's premium. Payments for dental and vision coverage can be debited through your bank account along with your medical payment.
- If payment is not received by the deadline, your coverage will be canceled at the end of the month that was last paid.
- Payment reminders are not sent but coupons are provided at the time of the continuation election.

### Under Age 65 Annual Enrollment

You will receive an annual enrollment packet from Farm Credit Foundations each November outlining the changes for the next calendar year. They are:

- Your options
- Plan changes
- Premium rates
- Farm Credit Foundations does not mail out a reminder when the 18-month continuation period ends but a reminder is included in the Annual Enrollment election material.

### Cancel or Change in Coverage

- You can drop medical, dental, and /or vision coverage for yourself and / or any dependents effective the first of any month. To drop your coverage, call or send an e-mail to Farm Credit Foundations. *See Resource Section.*
- In order to make changes to your health and welfare benefits during the year (adding dependent coverage), you must experience a qualifying status change event: marriage, divorce, death, birth/adoption, change in your spouse's employment or health care coverage, spouse's retirement, dependent no longer eligible. (*See eligibility sidebar on page 2.*)
- To make changes to your benefit plans as it relates to a qualifying status change, send an e-mail requesting a change or call Farm Credit Foundations with questions. You have 31 days from the date of the event to make these changes.

See *Resource Section*.

- Each November annual enrollment allows you to make changes or cancel your coverage without experiencing a qualifying status change event. However, at the time of retirement if you elected 18 months continuation of medical, dental and/or vision, you are not eligible to make plan changes; you must remain in the plan you enrolled in at time of retirement.
- Continuation coverage ends after 18 months and cannot be converted or continued.

### Medical Coverage At Age 65

- When you reach age 65, Medicare will become your primary provider on the first day of the month in which you turn 65.
- Your medical coverage with Farm Credit Foundations ends on the last day of the month prior to the month you turn 65 (i.e. you turn 65 June 11, your coverage ends May 31).
- About 60 days prior to turning 65, you will receive a letter from Farm Credit Foundations outlining the transition process.
- If your spouse is under age 65 and enrolled in the retiree medical plan, the first of the month in which you turn 65 your spouse will go into an individual plan in the same retiree medical plan you elected for the year.
  - The letter you receive will inform you of the new premium rate for your spouse.
  - If your spouse turns 65 before you, s/he will transition to Medicare as outlined above, and you may stay on the medical plan until you turn 65.
- If you have eligible dependents on your retiree medical plan and both you and your spouse have transitioned to Medicare, your eligible dependent(s) will be offered 36 months continuation of the medical plan by paying the full cost of the active premium.

## Health Savings Account

If you had a group health savings account at the time of your retirement, the vendor will change your account from the Farm Credit Foundations group account to an individual account.

- You are responsible for any administrative fees charged by the vendor.
- You can leave your account with the current vendor or transfer the funds to another bank.
  - The IRS allows you one transfer per year.
  - You will need to ask your new HSA vendor to give you a Trustee to Trustee Transfer Form that you will complete and mail to your current vendor for processing.
- See IRS Publication 502 & 969 for how the funds can be used. See *Resource Section*.
  - Withdrawals for non-medical expenses are permitted after age 65. However, income taxes (federal and/or state) will apply.

## Eligible Dependents

Eligible dependents include:

- Spouse
- Unmarried dependent children under age 19 including biological child(ren), adopted child(ren) and stepchild(ren)
- Unmarried dependent children ages 19 up to their 25<sup>th</sup> birthday, who are full-time students at an accredited institution
- Unmarried dependent children ages 19 up to their 25<sup>th</sup> birthday, who are participating full-time on an approved unpaid charitable or religious mission
- Unmarried children of any age who are physically or mentally challenged and depend on you for support. A child will be considered to be physically or mentally challenged if he or she is incapable of self-sustaining employment because of a physical or mental disability
- Dependents up to their 26<sup>th</sup> birthday who are not eligible for group coverage through their employer (this pertains to medical coverage only)

For plan purposes, child(ren) means:

- Your own, legally adopted or step-child
- Child whose coverage is required by a Qualified Medical Child Support Order
- Child other than the above with a court document granting guardianship

## Pension Taxation (Federal and/or State)

**Y**our pension benefit payments are considered ordinary income and subject to federal income taxes in the year you receive them. You may also owe state income taxes on your benefit payments. By Jan. 31 of each year New York Life Retirement Plan Services will mail you a 1099-R for tax filing.



## Life Insurance

This section applies to you if you continued your basic term life, optional basic term life, and/or Group Universal Life insurance policies directly with Minnesota Life.

### Premium Payment

- Farm Credit Foundations will notify Minnesota Life of your retirement.
- An invoice will be mailed directly to you from Minnesota Life within 4-6 week of your retirement date.
- Premiums are paid to Minnesota Life.
- If payment is not received by the invoice due date, your coverage will be canceled.

### Making Changes to Your Beneficiary Coverage

- You can change your beneficiary at anytime through the Minnesota Life website or by requesting a form from Minnesota Life. *See Resource Section.*

### Cancel or Change Coverage

- You can cancel coverage at anytime.
- Changes can be requested through the Minnesota Life website or by calling Minnesota Life. *See Resource Section.*

## Health and Welfare Benefits 'If I Die'

### How Does My Spouse Continue Coverage?

If you are currently enrolled in the retiree medical plan, then your spouse would be eligible to be moved to individual coverage in the same plan and pay for a single premium. Your spouse can continue in the retiree medical plan until they turn 65 when they transition to Medicare and a Medicare Supplement plan. Your spouse will need to contact Farm Credit Foundations within 31 days of the event about continuing their coverage. *See Resource Section.*

### How Do My Dependents Continue Coverage?

Dependents covered under the age 65 retiree medical plan would be offered 36 months of continuation in the plan at the full cost.

## Pension Information

This section applies to you if you retired and are receiving monthly pension payments from one of the following pension plans:

- AgriBank District Retirement Plan
- Eleventh Farm Credit District Retirement Plan
- Ninth Farm Credit District Retirement Plan
- Northwest FCS Retirement Plan

### Pension Taxation (Federal and /or State)

Your pension benefit payments are considered ordinary income and subject to federal income taxes in the year you receive them. You may also owe state income taxes on your benefit payments. By Jan. 31 of each year, New York Life Retirement Plan Services will mail you a 1099-R for tax filing.

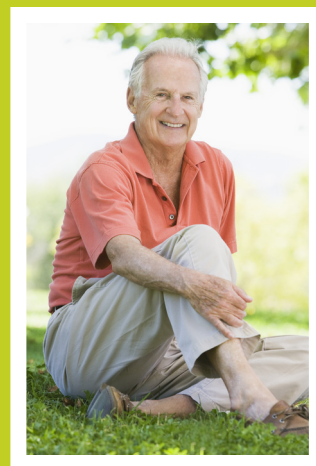
### **How to Access a 1099-R Form**

You can contact New York Life Retirement Plan Services to request a duplicate 1099-R or you can print a duplicate 1099-R from your online account with New York Life. 1099's are available from Statement Archives under each plan that issued a 1099-R. *See Resource Section.*

### **How to Change Tax Withholdings**

You can contact New York Life Retirement Plan Services to request a federal tax withholding form, or you can request the form from your online account with New York Life. Forms are located in Forms Request under each plan and can be e-mailed or mailed to your home.

If you want state tax withheld, use the federal form and complete a second copy with your desired state withholdings. You need to write on the top of the form that this is your particular state withholding form (i.e, state of Minnesota).



## **Pension 'If I Die'**

### **Election**

Depending on the election you made at the time you commenced your pension (see checklist at end of this Guide), the pension:

- May stop upon your death.
- May be payable to a beneficiary for a certain period of time.
- May continue to your surviving spouse/contingent annuitant.

At the time of death, your beneficiary should contact New York Life Retirement Plan Services. This will start the surviving spouse/beneficiary continuation process. *See Resource Section.*

## **401(k) Defined Contribution Plan**

This section applies to you if you maintained your 401(k) account at New York Life Retirement Plan Services.

- If your 401(k) Plan account balance is \$1,000 or less, your Vested Account Balance will be distributed in a lump sum.
- If your balance is more than \$1,000, you can:
  - Take your distribution all at once (single sum payment)
  - Take partial withdrawals
  - Have it paid to you in installment payments:
    - Over life expectancy
    - A period of up to 20 years – In a flat dollar amount
  - You can roll over all or part of your account balance
  - Roll over to a New York Life Portfolio IRA
  - Roll over to another IRA or retirement plan
  - You can leave all or part of your money in the Plan
  - You must start taking the IRS Required Minimum Distribution at age 70 ½

If you choose installment payments or leave all or part of your money in the plan, you will continue to receive quarterly account statements and you can continue to access your account at [www.mylife.newyorklife.com](http://www.mylife.newyorklife.com). Your 1099-R will be stored on your online account under Statement Archives. The original 1099-R will be mailed to you by the following Jan. 31 distribution.

**Note:** When you take a partial distribution, funds are distributed in a preset hierarchy.

### **Access New York Life's Website**



**Y**ou will still have access to your 401(k) and/or pension accounts with New York Life Retirement Plan Services. You will use the same user ID and password as when you were an employee.

## How to Repay 401(k) Loan

You can:

- Request a Loan Payoff form to pay off the loan in full.
- Request a Loan Invoice to repay the loan with a monthly check.
- Default on the remaining loan balance making the remaining loan balance taxable.



Generally the order is as follows:

1. Your pre-tax rollover contributions and associated earnings
2. Employer contributions and match with associated earnings
3. Your post-tax contributions with associated earnings:
  - Contributions
  - Rollover contributions
4. Your pre-tax contributions with associated earnings
5. Your Roth 401(k) contributions and associated earnings

### Access to New York Life Website

You will still have access to your 401(k) and pension accounts with New York Life Retirement Plan Services. You will use the same user ID and password as when you were an employee.

### How to Change My Beneficiary

Contact New York Life Retirement Plan Services or you can update your beneficiary through your online account. *See Resource Section.*

### How to Repay 401(k) Loan

Once the New York Life Retirement Plan Services records reflect your retirement status, usually two to three weeks after your retirement, you can

- Request a Loan Payoff form to pay off the loan in full (form is located under Forms Request in your online account).
- Request a Loan Invoice to repay the loan with a monthly check to New York Life Retirement Plan Services (form is located under Forms Request in your online account).
- You can default on the remaining loan balance making the remaining loan balance a distribution subject to federal and state taxes.
  - New York Life Retirement Plan Services will mail you a 1099-R by Jan. 31 of the following year for tax filing.

## 401(k) 'If I Die'

### How to Transfer 401(k) to the Surviving Spouse or Beneficiary / Options

Your spouse or beneficiary will need to call Farm Credit Foundations to have a Death Benefit Distribution packet mailed to them. *See Resource Section.*

### 401(k) Spousal Beneficiary Options

- Have the vested account rolled to an IRA or Retirement Plan
- Have part of the vested account paid in cash and the other part rolled to an IRA or Retirement Plan
- The vested account distributed in cash, less taxes
- The vested account distributed in installments (monthly, quarterly, semi-annually or annually) based on date of birth or from 1-20 years
  - If the participant was receiving installments at their death, the spouse must continue to receive installment payments at least as quickly as the participant had elected. The spouse can accelerate payments or cash out as another option.

- The packet could also contain forms if the account holder had funds in a Roth 401(k) or had after-tax contributions

### **401(k) Non-Spousal Beneficiary Options**

- The vested account distributed in a lump sum less taxes
- The vested account setup for installment payments (monthly, quarterly, semi-annually or annually) based on date of birth or from 1-20 years
  - If the participant was receiving installments at their death, the beneficiary must continue to receive installment payments at least as quickly as the participant had elected. The beneficiary can accelerate payments or cash out as another option.

**Please note:** Non-spousal beneficiaries have until September 30 following the participant's death to complete the Death Claim Distribution forms. Farm Credit Foundations mails out the forms at time of death notification. If papers are not completed by September 30, the IRS requires that minimum required distributions must be made by the December 31 following the participant's death. If these distributions are not done in a timely fashion, you will be subject to a 50% excise tax in addition to any federal and/or state taxes due on the distribution. Consult your tax advisor for more information regarding tax and distribution implications.

### **401(k) Spousal Beneficiary Options**

**I**f the participant was receiving installments at their death, the beneficiary must continue to receive installment payments at least as quickly as the participant had elected. The beneficiary can accelerate payments or cash out as another option.



## Resources and Links

Use this chart to help your beneficiaries access information about your benefits. Make sure you try to complete this form as thoroughly as possible in order to provide your beneficiaries as much information as possible.

Vendor	Used For	My User ID	My Password
<b>AARP is Underwritten by UnitedHealthcare</b> P.O. Box 13874 Philadelphia, PA 19101-3874 <a href="http://www.aarp.org">www.aarp.org</a> Medical Supplemental Plan: 1-800-392-7537	Over age 65 Medicare Supplement		
<b>AARP is Underwritten by UnitedHealthcare</b> P.O. Box 29675 Hot Springs, AR 71903 <a href="http://www.aarp.org">www.aarp.org</a> Prescription Drug (Medicare Part D): 1-877-710-5083	Over age 65 Medicare Prescription Drug Plan		
<b>BlueCross BlueShield of Illinois</b> P.O. Box 805107 Chicago, IL 60680-4112 <a href="http://www.bcbsil.com/foundations">www.bcbsil.com/foundations</a> 1-866-563-8366	Under age 65 medical plan		
<b>CVS Caremark</b> P.O. Box 52196 Phoenix, AZ 85072-2196 <a href="http://www.caremark.com">www.caremark.com</a> 1-800-565-5827	Under age 65 prescription drug plan		
<b>Delta Dental of Kansas</b> P.O. Box 789769 Wichita, KS 67278-9769 <a href="http://www.deltadentalks.com">www.deltadentalks.com</a> 1-800-234-3375	Dental Insurance		
<b>Farm Credit Foundations</b> 30 East 7th Street, Suite 700 St. Paul, MN 55101 Email: <a href="mailto:Benefits@FarmCreditFoundations.com">Benefits@FarmCreditFoundations.com</a> <a href="http://www.farmcreditfoundations.com">www.farmcreditfoundations.com</a> 1-800-892-7924, option 1	Benefits Department		
<b>IRS Publication 502</b> <a href="http://www.irs.gov/publications/p502/index.htm">www.irs.gov/publications/p502/index.htm</a>	Determine what eligible expenses can be paid from your HSA		

Vendor	Used For	My User ID	My Password
<b>IRS Publication 969</b> <a href="http://www.irs.gov/publications/p969/index.html">www.irs.gov/publications/p969/index.html</a>	Determine what eligible expenses can be paid from your HSA		
<b>Medicare</b> <a href="http://www.medicare.gov">www.medicare.gov</a> 1-800-633-2273	Answers question about Medicare and used to enroll in Medicare		
<b>Minnesota Life</b> 400 Robert Street North St. Paul, MN 55101 <a href="http://www.LifeBenefits.com">www.LifeBenefits.com</a> 1-800-843-8358	Basic / Optional / Dependent Life Insurance and Group Universal Life Insurance		
<b>New York Life Retirement Plan Services</b> P.O. Box 796 Norwood, MA 02062 <a href="http://www.mylife.newyorklife.com">www.mylife.newyorklife.com</a> 1-800-294-3575	Pension (if applicable) and 401(k) plans		
<b>PayFlex Systems USA, Inc.</b> P.O. Box 3039 Omaha, NE 68103 <a href="http://www.HealthHub.com">www.HealthHub.com</a> 1-800-284-4885	Account where Flexible Spending Account and Health Savings Account are located		
<b>Social Security</b> <a href="http://www.SSA.gov">www.SSA.gov</a> 1-800-772-1213	Answer questions about Social Security and apply for benefits		
<b>VSP</b> P.O. Box 997105 Sacramento, CA 95899-7105 <a href="http://www.vsp.com">www.vsp.com</a> 1-800-877-7195	Vision Insurance Plan		
<b>Bank (personal account)</b>			
<b>Credit Card Company(s)</b>			
<b>Financial Advisor</b>			
<b>Life Insurance Company</b>			
<b>Other Vendor if AARP not used as Medicare Supplement / Part D provider</b>			

## Checklist to Share With Your Beneficiaries



1. Complete the checklist below.
2. Share with your beneficiaries.
3. Store with your other important papers!

▶ **Beneficiary Checklist for:** \_\_\_\_\_ **Retirement Date:** \_\_ / \_\_ / \_\_\_\_

▶ **Today's Date:** \_\_ / \_\_ / \_\_\_\_ **My Date of Birth:** \_\_ / \_\_ / \_\_\_\_

▶ **Employer:** \_\_\_\_\_ **My Spouse's Date of Birth** \_\_ / \_\_ / \_\_\_\_

## Health and Welfare

### Retiree Medical

- I am under age 65 (and/or spouse is under age 65) and I elected retiree medical with Farm Credit Foundations. Questions regarding coverage or premium payments contact Farm Credit Foundations.
  - Date my coverage will change (first of month turn 65): \_\_ / \_\_ / \_\_\_\_ .
  - Date my spouse's coverage will change (first of month turn 65): \_\_ / \_\_ / \_\_\_\_ .
- I did NOT elect retiree medical with Farm Credit Foundations. My medical coverage is with:  
\_\_\_\_\_.

### Medical Supplemental Coverage

- I am age 65 or older and I have Medicare. My Medicare Supplemental plan and my prescription drug coverage are with AARP. Contact AARP regarding coverage or premium payments.
- My Medicare Supplement and/or my Prescription Drug provider is: \_\_\_\_\_.
- Medicare Supplement provider is: \_\_\_\_\_.
- Prescription Drug provider is: \_\_\_\_\_.
- My spouse is age 65 or older and has Medicare. Their Medicare Supplemental plan and prescription drug coverage is with AARP. Contact AARP regarding coverage or premium payments.
- My spouse's Medicare Supplement and/or Prescription Drug provider is: \_\_\_\_\_.
- Medicare Supplement provider is: \_\_\_\_\_.
- Prescription Drug provider is: \_\_\_\_\_.

### Dental Coverage

- I elected 18-month dental continuation with Farm Credit Foundations for me and/or my spouse. Contact Farm Credit Foundations with questions about coverage or premium payments. *See Resource Section.*

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- My coverage will end \_\_ / \_\_ / \_\_\_\_\_, assuming all premium payments have been remitted and received.

I did NOT elect dental continuation. I have dental coverage with: \_\_\_\_\_.

**Vision Coverage**

I elected 18-month vision continuation with Farm Credit Foundations for me and/or my spouse. For questions regarding coverage or premium payments, contact Farm Credit Foundations.

*See Resource Section.*

- My coverage will end \_\_ / \_\_ / \_\_\_\_\_, assuming all premium payments have been remitted and received.

I did NOT elect vision continuation. I have vision coverage with: \_\_\_\_\_.

**Health Savings Account (HSA)**

I have a Health Savings Account (HSA) with PayFlex. My current beneficiary is:

\_\_\_\_\_.

Contact PayFlex with questions regarding your HSA. *See Resource Section.*

I transferred my Health Savings Account (HSA) to: \_\_\_\_\_.

My beneficiary is: \_\_\_\_\_.

I did NOT have a Health Savings Account.

I had a Flexible Spending Health Care Account with Pay Flex when I retired. I continued the account through the end of the year in which I retired. My FSA ended: \_\_\_\_\_.

**Life Insurance**

I have a Group Universal Life insurance policy with Minnesota Life. My current beneficiary is:

\_\_\_\_\_.

- Amount of my coverage: \$\_\_\_\_\_.

- Policy number:\_\_\_\_\_.

Questions regarding coverage, premium payments or to report death, contact Minnesota Life. *See Resource Section.*

My spouse has a Group Universal Life insurance policy with Minnesota Life.

The current beneficiary is: \_\_\_\_\_.

- Spouse's Amount of Coverage: \$\_\_\_\_\_.

- Policy number:\_\_\_\_\_.

Questions regarding coverage, premium payments or to report death, contact Minnesota Life. *See Resource Section.*

I do NOT have or did not continue Group Universal Life insurance.

I elected to continue my Basic/Optional Basic Term Life insurance with Minnesota Life.

My current my beneficiary is: \_\_\_\_\_.

- Amount of my coverage: \$\_\_\_\_\_.

- Policy number:\_\_\_\_\_.

Questions regarding coverage, premium payments or to report death contact Minnesota Life. *See Resource Section.*

- I elected NOT to continue my Basic/Optional Basic Term Life insurance.

## Pension

- I did NOT have a pension when I retired from Farm Credit.
- I have a Farm Credit pension. My distribution election is: \_\_\_\_\_.

My beneficiary will need to contact New York Life upon my death. *See Resource Section.*

### Lump Sum Payout

- I elected a lump sum pension payout that I rolled over to New York Life Retirement Plan Services.
- I elected a lump sum pension payout that I rolled over to: \_\_\_\_\_.

**[OR]**

### Single Life Annuity

- I elected a lifetime annuity payable for my lifetime only.

**[OR]**

### Joint and Survivor Options

- I elected Joint and Survivor 50% option that is payable for my lifetime. After I die, my surviving spouse will receive a monthly pension (half of my amount) for the rest of his or her life.
- I elected Joint and Survivor 66-2/3% option that is payable for my lifetime. After I die, my surviving spouse will receive a monthly pension (two-thirds of my benefit) for the rest of his or her life.
- I elected Joint and Survivor 75% option that is payable for my lifetime. After I die, my surviving spouse will receive a monthly pension (three-fourths of my benefit) for the rest of his or her life.
- I elected Joint and Survivor 100% option that is payable for my lifetime. After I die, my surviving spouse will receive the monthly pension (the same benefit I received) for the rest of his or her life.
- I elected a Joint and Survivor 50% option with a 10-year period certain. If I die prior to receiving 120 monthly payments, my spouse/beneficiary will receive the same monthly payments to complete the 120 monthly payments. At the end of the 10-year period certain, only my surviving spouse will receive a monthly amount (half of my monthly benefit) for the rest of his or her life.

- My beneficiary is: \_\_\_\_\_.

- I elected a Joint and Survivor 100% option with a 10-year period certain. If I die prior to receiving 120 monthly payments, my spouse/beneficiary will receive the same monthly payments to complete the 120 monthly payments. At the end of the 10-year period certain, only my surviving spouse will receive a monthly amount (same monthly amount I received) for the rest of his or her life.

- My beneficiary is: \_\_\_\_\_.

**[OR]**

**Beneficiary Options**

- I elected a five-year certain period. If I die before receiving 60 monthly payments, my beneficiary receives the remaining payments. My pension started on: \_\_ / \_\_ / \_\_\_\_ .  
- My beneficiary is: \_\_\_\_\_.
- I elected a 10-year certain period. If I die before receiving 120 monthly payments, my beneficiary receives the remaining payments. My pension started on: \_\_ / \_\_ / \_\_\_\_ .  
- My beneficiary is: \_\_\_\_\_.
- I elected a 15-year certain period. If I die before receiving 180 monthly payments, my beneficiary receives the remaining payments. My pension started on: \_\_ / \_\_ / \_\_\_\_ .  
- My beneficiary is: \_\_\_\_\_.

**401(k)**

- I did NOT have a 401(k) when I retired from Farm Credit.
- My money resides at New York Life Retirement Plan Services. Contact Farm Credit Foundations concerning beneficiary information. *See Resource Section.*
  - I have NOT started to receive payments.
  - I have set up installment payments (monthly, quarterly, semi-annual or annual) based on fixed amount, one to 20 years or life expectancy.
  - I currently contact New York Life when I want to receive a partial distribution payment.
- I closed my account at New York Life Retirement Plan Services and rolled my 401(k) money to another firm.

The new investment firm is: \_\_\_\_\_

- Contact Name: \_\_\_\_\_

- Address: \_\_\_\_\_

- Phone No.: \_\_\_\_\_

- Account No.: \_\_\_\_\_

- Website: \_\_\_\_\_

- My User ID: \_\_\_\_\_ My Password: \_\_\_\_\_

**DISCLAIMER:** Your former employer intends to provide these plans, processes, vendors, etc., on an ongoing basis. However, they reserve the right to amend, adjust rates, or terminate the plans at any time.

**Disclaimer:** This guide is intended to be a summary of main features of your retirement plan and is not intended to take the place of the plan document. If any discrepancy occurs between this guide and the plan document, the plan document will govern.