

DOC0102200758

## 403(b) Plan Sponsor Information

Ameriprise Financial Services, Inc. 70100 Ameriprise Financial Center Minneapolis, MN 55474

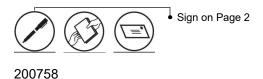


## Part 1 Plan Sponsor Information

| Plan Sponsor Name  |             |                   |             | Employer Identification Number (EIN) |
|--|-------------|-------------------|-------------|--------------------------------------|
| Mailing Address  |             |                   |             |                                      |
| City   | State       | ZIP code          |             |                                      |
| Street Address (if different)  |             |                   |             |                                      |
| City   | State       | ZIP code          |             |                                      |
| Web Site Address (if applicable)   |             |                   |             |                                      |
| Is Ameriprise Financial Services, Inc. an approved investment provider for   | the plan?   | <mark>⊖Yes</mark> | O No        |                                      |
| Is the plan subject to ERISA? 🔿 Yes 🔿 No   |             |                   |             |                                      |
| Please check the box that describes your organization:   |             |                   |             |                                      |
| <ul> <li>An education organization operated by a governmental employer (e.g. university)</li> <li>A tax-exempt corporation or organization described in Internal Revenue colleges and hospitals, certain religious organizations, and other charity</li> </ul> | ie Code Seo | ction 501(c)(     | 3) (such em | ployers may include private schools, |
| Do you utilize a Third Party Administrator (TPA) for your 403(b) Plan ?  | Yes C       | ) No              |             |                                      |

## Part 2 Plan Sponsor Contact Information

| Primary Contact Name                   |                                |      |
|--|--------------------------------|------|
|  |                                |      |
| Title                                  | Contact Phone Number           | Ext. |
| Fax Number                             | E-mail Address (if applicable) |      |
| Secondary Contact Name (if applicable) |                                |      |
|  |                                |      |
| Title                                  | Contact Phone Number           | Ext. |
| Fax Number                             | E-mail Address (if applicable) |      |





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| TPA Name                       | TPA Employer Identification Number (EIN) |
|--------------------------------|--|
|                                |  |
| Mailing Address                |  |
|                                |  |
| City                           | State ZIP code                           |
| Street Address (if different)  |  |
| City                           | State ZIP code                           |
| Contact Name                   |  |
| Title                          | Contact Phone Number Ext.                |
| E-mail Address (if applicable) |  |

## Part 4 Declaration and Signature(s)

I am a duly authorized representative of the 403(b) Plan sponsored by the Employer identified in Part 1 of this form. As the plan representative, I direct and authorize Ameriprise Financial, Inc. and/or its affiliates to process Plan-related transactions in accordance with the directions received by the Third Party Administrator (TPA) identified in Part 3 of this form. I further represent that, before directing Ameriprise Financial to process any transaction, the Plan Sponsor and/or its designated TPA has (i) provided any applicable distribution-related disclosures to plan participants, (ii) obtained any and all elections and documentation necessary to effect the transaction, (iii) ascertained that a distribution and/or transaction is permitted under the terms of the Plan and (iv) any tax withholding instructions are consistent with the participant's election.

| Plan Sponsor Name                                |                 |
|--|-----------------|
|  |                 |
| Title  |                 |
|  |                 |
| Plan Sponsor Signature                           | Date (MMDDYYYY) |
| X  |                 |
| Authorized Plan Sponsor Representative Name      |                 |
|  |                 |
|  |                 |
| Authorized Plan Sponsor Representative Signature | Date (MMDDYYYY) |
| Authorized Plan Sponsor Representative Signature | Date (MMDDYYYY) |