

**THIRD PARTY BILLING AUTHORIZATION**

Plan Name: \_\_\_\_\_

**THIRD PARTY ADMINISTRATOR ("TPA") IF OTHER THAN NEWPORT GROUP, INC.**

TPA Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION I: TPA ADMINISTRATION FEES:**

Initial Election  Change Election – Anticipated Effective Date of Change \_\_\_\_\_

*Note:* the Effective Date of such change is subject to the Participant disclosure requirements of ERISA (i.e. 30-day advance notice).

Paid through Newport  Direct Bill Sponsor

**SKIP** to Section II if Direct Bill Sponsor is chosen.

Billing Period:  Arrears  Advance

Flat Annual Amount: \_\_\_\_\_ Flat Annual Rate (bps): \_\_\_\_\_ Scale:

Scale Type:  Breakpoint – one rate based on assets

Sliding Scale – rate for each asset tier

Sample Breakpoint Scale		
Lower Limit	Upper Limit	Rate
0	\$10,000,000	50 bps
\$10,000,000	+	25 bps
If plan has 11,000,000 in assets then the fee would be 25 bps		

Sample Tiered Scale		
Lower Limit	Upper Limit	Rate
0	\$10,000,000	50 bps
\$10,000,000	+	25 bps
If plan has 11,000,000 in assets then the first \$10m would be 50 bps and anything over \$10m would be 25 bps		

Lower Limit	Upper Limit	Rate

Fee Payment Elections. The Company directs Newport to pay TPA fees in the following manner:

In the following table, please indicate the Company's preference order for payment of TPA fees by payment source (1, 2, or N/A). If fee is to only be paid from a single source, use a 1 to make this designation under the appropriate source.

**Plan Pro Rata** means the fee will be allocated in proportion to Plan Participant account balances.

May choose one of more of the below options		Must be chosen
(A) Forfeitures <sup>1</sup>	(B) RHA <sup>2</sup>	(C) Plan Pro Rata
		X

<sup>1</sup> Plan Document must allow for payment of fees from forfeitures.

<sup>2</sup> Plan Sponsor must have elected to establish a RHA.

**Will fee be prorated?** (Select one)  Yes – complete **"First Payment"**  No – skip to **Section II**

*If left unchecked, or "No" is selected then payment will be processed the next full quarter after a new plan is out of conversion or after the effective date of change for existing plans.*

**First Payment:** prorate based on option selected below. Only choose one option under Start-Up or Takeover plan.

Start-Up Plan:  date first payroll received  custom period \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Takeover Plan:  earlier of date first payroll received or asset wire received date.

custom period \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Existing Plan:  custom period \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION II: TRANSACTIONAL FEES:**

Initial Election  Change Election – Anticipated Effective Date of Change \_\_\_\_\_

*Note:* the Effective Date of such change is subject to the Participant disclosure requirements of ERISA (i.e. 30-day advance notice).

Direct Bill Sponsor

Paid through Newport: charged to the Participant at the time of the transaction

**SKIP** to Signature if Direct Bill Sponsor is chosen.

Distribution: (Fee \$\_\_\_\_)

Participant Hardship: (Fee \$\_\_\_\_)

New Participant Loan: (Fee \$\_\_\_\_)

QDRO Analysis: (Fee \$\_\_\_\_)

Loan Maintenance: (Fee \$\_\_\_\_)

Other (specify type and amount): \_\_\_\_\_

The Third Party Billing Authorization Terms and Conditions and additional authorization forms are available at:  
<https://www.newportgroup.com/electronic-signature/>

Payment Method:

- A. ACH: ACH Written Consumer Authorization Requirements are available at:  
<https://www.newportgroup.com/electronic-signature/>

Plan Sponsor authorizes Newport Group, Inc. to initiate credit entries to the account noted below and to credit the same to such account under U.S. law:

Name of Depository Financial Institution: \_\_\_\_\_

Financial Institution Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

Type of Account:  Checking  Savings

- B. Check:

Check(s) will be sent to the address(es) noted in this addendum. If alternate address, specify below

Payee Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Plan Sponsor agrees to pay third party fees from the Plan's assets as elected above. If no elections made, third party fees will be billed direct and not paid from Plan Assets.

**PLAN SPONSOR:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_