

# Electronic Payroll Investing Center ("EPIC") Application

ADM INISTRATIVE  
DATA MANAGEMENT CORP.

Administrative Data Management Corp.  
Attn: Retirement Department  
PO Box 7837, Edison, NJ 08818-7837

For assistance, please contact our Customer Service Department at 1-800-423-4026 between the hours of 9:00am and 6:00pm ET.

## 1. Employer Information:

\_\_\_\_\_  
Employer Name (print)

\_\_\_\_\_  
Employer Plan Name ("Plan") (print)

\_\_\_\_\_  
Group Number (if available)

\_\_\_\_\_  
Employer Street Address, City, State, Zip Code

Plan Type:    403(b)    457(b)    SIMPLE IRA    SEP-IRA    SARSEP-IRA

## 2. Access Requested: (Please select one.)

**FULL ACCESS** - (Must complete Section 4 - EFT)

Enables the Employer to:

- (1) deliver, via the Internet, Plan Contribution Instructions (defined below) which accompany monetary contributions relating to the Plan, to First Investors Federal Savings Bank ("FIFSB"), a custodian for the Plan,
- (2) authorize FIFSB to electronically transfer money from the Employer's bank to fund the Plan in accordance with the Plan Contribution Instructions, and
- (3) view or print contribution reports and, in the case of 403(b) Plans, view, print or download Information Sharing Reports.

**REPORT-ONLY ACCESS** (403(b) plans only) - Enables the Employer to view and print contribution reports and view, print or download Information Sharing Reports.

## 3. Terms and Conditions Applicable to Full Access Employers:

The undersigned Employer directs FIFSB to use electronic transmissions of Plan Contribution Instructions, remitted by individuals designated by the Employer to use EPIC, to deposit Contributions into accounts of participants in the Plan. The Employer is solely responsible for transmitting accurate and timely Plan Contribution Instructions to FIFSB, and for bearing the cost of adjusting a participant's account should any errors occur as the result of: 1) the Employer's Plan Contribution Instructions and FIFSB's acting on such instructions; or 2) insufficient funding.

The term "Plan Contribution Instructions" shall mean instructions from the Employer to FIFSB regarding employee and/or employer contributions (herein, "Contributions") into pre-established accounts of participants of the Plan with such instructions being transmitted by the Employer either: 1) by the completion of the pre-populated on-line form on the EPIC password protected website, or 2) exclusive to 403(b) and 457(b) accounts, by electronic transmission of payroll files from exports via EPIC.

Employer acknowledges that: i) funding of the Plan Contribution Instructions will be made solely by the ACH ("Automated Clearing House") debit of the Employer's designated bank account ("Bank Account"); ii) the entire proceeds of the Plan Contribution Instructions must be available in the Bank Account on the designated Remittance Date, as defined in the EPIC User Guide; iii) Plan Contribution Instructions will not be modified by the Employer during any period after the designated Remittance Date; iv) deposits will be made into the First Investors Family of Mutual Funds within two (2) business days after the designated Remittance Date; v) exclusive to 403(b) accounts, investment funding will be forwarded to certain non-proprietary funds offered for sale by First Investors in which First Investors is the designated dealer of record within three (3) business days after the designated Remittance Date and vi) FIFSB's service provider, Administrative Data Management Corp. ("ADM") reserves the right to return to the Employer contribution amounts appropriated to certain non-proprietary funds for which First Investors is not the designated dealer of record.

Should FIFSB permit the Employer to use EPIC to add participants to the Plan, the Employer acknowledges that additional participants will not be added, nor will deposits be made into the participant's account(s), as requested until ADM receives the necessary account opening paperwork, in good order, as required by its policies and procedures. If ADM concludes that such paperwork is not in good order, ADM will not add the participant to the Plan, will not establish an account for the participant, and may hold the funds while additional research is conducted or may return the funds to the Employer.

At no time will the Employer be permitted to delete participants from the Plan or change participant mutual fund investment allocations via EPIC.

**(See Reverse Side)**

For Home Office Use Only.

**4. Electronic Funds Transfer Authorization:** (To be completed by Full Access Employers)

By signing below, the Employer authorizes FIFSB or ADM to initiate electronic debits from the Bank Account identified below when instructed to do so by the Employer via EPIC. FIFSB or ADM will debit the Bank Account within two (2) business days of the designated Remittance Date.

The Employer understands and agrees that this authorization will remain in full force and effect until FIFSB or ADM has received written notification from the Employer's authorized signer that the authorization is terminated and FIFSB or ADM and the Employer's Bank have had reasonable opportunity to act on the notification. The Employer also agrees that FIFSB or ADM may make one (1) additional attempt to debit the Bank Account noted below if an initial attempt fails. If a transfer is denied by the Bank for any reason, FIFSB or ADM, in its sole discretion, reserves the right to discontinue this authorization.

**Note: Ten business days are required to establish the ACH service.**

**Account Information:** Account Type:  Checking  Savings

Bank Account Owner(s)

Bank Account #

Bank Name

Bank Routing # (Speak with bank rep. to obtain this information)

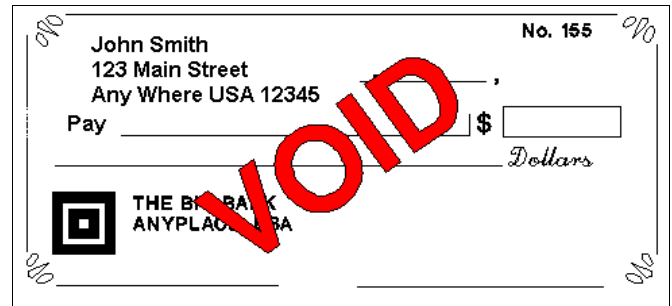
( )

Bank Street Address

Bank Phone #

Bank City, State, Zip Code

**Attach Pre-Printed Voided Check,  
Pre-Printed Deposit Slip  
or Account Statement Here.**



**5. Indemnification and Authorized Signatures:** (All Employers)

Upon receipt and acceptance of this Application the Employer will be issued a unique user name and will select a confidential password to be used to access EPIC. The Employer may authorize certain individuals (for example, third party administrators, etc.) to access and/or use EPIC on its behalf (herein, "Designees"). It is the sole responsibility of the Employer to control the security and confidentiality of its and its Designee's user name(s) and password(s) as well as information regarding EPIC. The Employer agrees that it will provide user support to its Designees.

The Employer shall indemnify and hold harmless FIFSB, First Investors Corporation, ADM, their parent company and affiliates, and each of their officers, directors, employees, agents and successors (for purposes of this indemnification, each an "Indemnitee" and collectively "Indemnitees") from and against any and all damages and expenses any Indemnitee may sustain as a result of the failure of the Employer or its Designees to secure such information, or from acting or forbearing to act in good faith reliance on the information in this Application, Plan Contribution Instructions or any other information submitted via EPIC by the Employer, its Designees, or any other person who acquires access to Employer's user name and password.

**X**

Signature of Authorized Signer of Employer -  
Initial Administrator of EPIC

Date

**X**

Signature of Authorized Signer of Bank Account  
(Full Access Employers)

Date

Name and Title (print)

Name and Title (print)

Employer's Telephone #

For Home Office Use Only.