

Implementation Kit Request Form

Client Name: _____ State: _____

Date Request Received: _____ Date Kit E-Mailed _____

Agents/ Agency: _____

Plan Type:

_____ 3121
_____ 401(a)
_____ 457
_____ 403(b)

_____ HRA w/ 115 Trust
_____ Active Participants
_____ Retiree Participants

_____ HRA w/ VEBA Trust
_____ Active Participants
_____ Retiree Participants

_____ Special Pay
_____ 401(a)
_____ 403(b)

_____ TPA 403(b)

_____ FSA

_____ Trust
_____ 115 EBT
_____ RBS 115
_____ 415(m)

AUL Investment:

_____ Fixed ONLY
_____ Variable
_____ Fixed Default
_____ Employer Specific

Variable Expense Rate:

_____ E 1.00%
_____ E 0.50%
_____ R2 1.25%
_____ R2 0.75%*
* Requires Approval*

Access to Funds

_____ Immediate Access
_____ Restricted

AUL Bulk Code:

_____ (G code)

Investment Line Up:

_____ ISTA
_____ Core

Business Type:

_____ Start Up
_____ Takeover

Other Plan Details:
