

ACKNOWLEDGEMENT FORM
For Electronic Delivery of Notices

[Insert Your Plan Name] Plan

DATE: _____

Please note that the default method for all future delivery of plan related notices for our plan will be via e-mail. Notices will be sent to you at the following e-mail address: [insert participant's e-mail address here].

Hopefully you feel it is beneficial for you to receive this type of information electronically. **No further action is needed on your part if you agree.**

However, if you prefer to receive paper copies of plan-related notices, please indicate below and return the completed Form to my, [insert Plan Representative Contact Name here], attention. If you have any questions, please do not hesitate to contact me at [insert phone number here].

_____ I do not wish to receive electronic delivery of Plan related notices and I have completed the remainder of the form. Please provide paper copies.

Participant Name

Address

City State Zip code

Participant Signature

Date