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| **Plan Name:** |

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| **Participant Full Name (please print)** | **SSN** |
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### **Participant:** Use this form to request a free paper copy of a plan document or to opt-out of electronic delivery of plan documents. Initial the selection that applies:

1. \_\_\_\_\_\_\_ Please provide me with a paper copy of the following plan notice or disclosure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Please provide this form to the plan administrator. Your request will be fulfilled as soon as administratively feasible following receipt of this form.

EMPLOYEE SIGNATURE DATE

**X**

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**Plan Acknowledgment of Receipt**

**AUTHORIZED SIGNATURE DATE**

**X**

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