



Employer Payroll Remittance, Arrangement Setup or Changes

i • If setting up a new payroll remittance arrangement, review the "Terms and Conditions section with the employer/plan sponsor".

Mailing Instructions

- **When remitting contributions, mail check and payment detail to the following address:**
 Ameriprise Financial Services, LLC
 70213 Ameriprise Financial Center
 Minneapolis, MN 55474
- **When establishing a new or changing an existing payroll remittance mail to the following address:**
 Ameriprise Financial Services Inc.
 70100 Ameriprise Financial Center
 Minneapolis, MN 55474

Employer Information

Select Request Type:

Set up a new group Make changes to an existing group Delete an entire existing group

Payroll Remittance Number

Employer Name EIN

Street Address

City State ZIP Code

Employer Contacts

Add / Chg/ Delete	Primary	Full Name	Phone Number	Fax Number	Email
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				



Does the employer use a Third Party Administrator (TPA)?

Yes

No

Does the employer want access to National Benefit Services, LLC (NBS) online tools in order to make updates and submit payroll remittances online?

Yes

No

Billing Selections

Plan Type:

Simple

403b - With employer contribution

403b - Without employer contribution

SEP

401(a)

IRA

Loan Repayment

Non-Qualified

Frequency:

Weekly (52/yr)

Bi-weekly (26/yr)

Monthly (12/yr)

Semi-monthly (24/yr)

Quarterly (4/yr)

Semi-annually (2/yr)

Annually (1/yr)

Bi-fortnightly (13/yr)

Other

Enter other Frequency

List any months to exclude

Date of first reminder (MMDDYYYY)

Third Party Administrator (TPA) Information

TPA Name

Street Address

City

State

ZIP Code

TPA Contacts

Add / Chg/ Delete	Primary	Full Name	Phone Number	Fax Number	Email
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				



Terms and Conditions

It is the responsibility of the employer to provide Ameriprise Financial Services, LLC ("AFS") with clear and complete contribution information on this form. Upon verifying that there are no discrepancies between the total contribution amount and the total of each employee's contribution amount, AFS shall forward to Ameriprise Trust Company ("Custodian"), or RiverSource Life Insurance Company ("Issuer") the contributions for deposit into each participant's account.

In the event of incomplete or unclear contribution information, or if a discrepancy in the contribution amount cannot be resolved to the satisfaction of Ameriprise Financial Services, LLC, the contribution check will be returned to the employer on the fourth business day. If an amount is contributed on behalf of an employee for whom an account has not been established, Ameriprise Financial Services, LLC will return the employer the contribution amount for that employee.

Employee Roster

If an employee has more than one account, use more than one line.

*Each employee added must have an existing Ameriprise account

Annuity contracts with an APB Rider - Payroll Remittance is not an option.

Add / Chg/ Delete	Employee Name	Employee SSN/TIN	Account Number	Allocation Amount per submitted bill(%)	Allocation Amount per submitted bill(\$)





Online Payroll ACH Agreement



This agreement must be completed in order to obtain access to the Online Payroll Remittance payment functionality (employer online payroll tools) of the National Benefit Services, LLC web site. An email address is required to gain access.

Employer Contact Information

Payroll Remittance (Group Bill) ID #: Date:

Employer Name:

Address:

City State ZIP code

Main contact Person (Will be issued login credentials):

Email Address: Telephone:
(required)

Secondary contact person (if needed):

Email Address: Telephone:
(required)

Should the secondary contact receive a separate login to the website? Yes No

Payroll schedule: This schedule may or may not coincide with the payroll frequency for your company. Please indicate the schedule you will follow for making online submissions. Example: If your payroll frequency is weekly, but you submit contributions monthly, then select the monthly option below. If semi-monthly please give specific dates (For example: 1st & 15th).

Monthly Bi-Weekly Quarterly Weekly Semi-monthly Other (specify)

Next Payroll end date to show online:
(required)

Bank Information

Bank Name:

Bank Address:

Bank Routing # (9 digits): Account #:

Account Owner:

Checking or Savings

Corporate Account or Personal Account

List the largest anticipated transaction amount. If you submit a contribution remittance request through the NBS website that exceeds this amount by more than 25%, NBS will not process it without receiving your written approval to make an exception. **This exception process will delay the processing of the online transaction.**

Largest anticipated transaction amount:
(required)



Bank Fraud Filter Information

Please check with your bank regarding any ACH fraud filters you may have on your account. In order for the transaction to be successful, you may need to identify Ameriprise Financial and NBS as trusted partners. The company name and company ID which will appear in ACH transactions are **AMERIPRISE/NBS** and **D411667086** respectively.

Agreement

- I understand that this Agreement will remain in effect until I provide written notice of cancellation to Ameriprise Financial Services, LLC and NBS. I further agree to promptly notify NBS in writing of any changes to the account information contained herein.
- If the ACH debit request is scheduled to occur on a weekend or holiday, I understand that the payments may be executed on the next business day.
- I authorize Ameriprise/NBS to debit my account in the amount of \$0.01 as a test transaction necessary to verify that the information I have provided on this form is correct. After account validation has been successfully completed, this amount will be refunded.
- I authorize NBS to make charges (debit entries) to the bank account identified on this form to correct any deposits (credit entries) made in error by NBS or the processing bank.
- I acknowledge that I am responsible for the security of the log-in credentials to the web site that NBS will provide to me. I understand that I should notify NBS if my log-in credentials should be terminated or revoked for any reason. I certify that I am an authorized person to agree to the terms in this authorization form and to sign for this bank account and, provided the transactions correspond to the terms indicated in this authorization form, I will not dispute the requested transactions.
- I certify that the information provided on this form is true to the best of my knowledge and that I am authorized to agree to these terms.

By signing this agreement, you authorize Ameriprise Financial Services, LLC (AFS) and its affiliates to act upon instructions from you to debit or credit the account held at the financial institution named in this Agreement. You agree that this arrangement will remain in effect until you notify NBS, acting as agent, in writing to cancel it; allowing reasonable time to act upon your cancelation. AFS reserves the right to terminate this arrangement at any time in its sole discretion.

Authorized Person (please print full name)

Signature

X

Title

Date: