

Plan number (check all applicable)	
<input type="checkbox"/> 626661 MNDCP	<input type="checkbox"/> 626664 HCSP
<input type="checkbox"/> 626662 UNCL	
Plan sponsor name MSRS	
Employer name	MSRS employer number

1. Primary contact information

The primary contact is the person that Voya will contact if we have any questions or concerns when the banking change is complete.

Primary employer contact name (please print)	Title
Email address	Preferred phone number

2. Automated clearing house account authorization

Please accept this as formal notification that effective _____,

Employer's name _____ (the "Employer")

has engaged Voya to be the recordkeeper for the following plan(s)

☐ 626661 MNDCP ☐ 626664 HCSP ☐ 626662 UNCL

The Plan as sponsored by Minnesota State Retirement System as the Plan sponsor. The Plan sponsor acknowledges that Voya is a non-discretionary recordkeeper and that the Plan sponsor retains all responsibilities otherwise not delegated to Voya in a formal agreement.

To facilitate Voya recordkeeping duties for the Plan, Voya and its affiliates are hereby authorized to access the Contractholder's designated account at the depository financial institution listed below to initiate debit transaction via the Automated Clearing House (ACH) for the Plan. Company agrees to notify its depository financial institution of this arrangement.

Depository/Financial Institution Information

Company's Depository / Financial Institution Name	
Complete address	
Account title	Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market
Account number	ABA routing number

3. Primary employer contact signature

Authorized Employer (please print) _____

Authorized Employer Signature _____

Date _____

Email or fax the completed form to:



Minnesota State Retirement System

60 Empire Drive, Suite 300
St. Paul, MN 55103-3000



Fax: 651.297.5238



Email: msrspayrollsupport@msrs.us

Authorized Plan Representative

Print name _____ Signature _____

Title _____ Email address _____

Preferred phone number _____ Date _____

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1.800.627.3529 and ask to be connected to MSRS at 651.284.7730.