

INSTRUCTIONS REGARDING FORM EFAST-1 APPLICATION FOR ELECTRONIC SIGNATURE

REASON FOR OBTAINING ELECTRONIC SIGNATURE

An individual who signs Form 5500 Annual Returns/Reports of Employee Benefit Plan or Form 5500-EZ Annual Returns of One-Participant (Owners and Their Spouses) Retirement Plan needs an EFAST electronic signature to file electronically via modem, magnetic tape, floppy diskette, or CD-ROM. Each individual required to sign the Form 5500 (i.e., employer, plan administrator, trustee) must apply for an EFAST electronic signature by submitting a completed Form EFAST-1 signed by that individual.

Additional EFAST-1 Form may be obtained through the Department of Labor website at www.efast.dol.gov, click Forms & Publications, click EFAST-1 Application Form.

HOW TO FILE EFAST-1 FORM

Use black or blue ink. Have the authorized Plan Administrator / Trustee complete, sign and date Part II (Applicant Agreement) of Form EFAST-1. Do not write in the upper right corner of the form above the words "Official Use Only" or near the bar code at the bottom of the form. If there is not sufficient space on the form, abbreviate as necessary.

WHERE TO FILE

Mail the completed Form EFAST-1 application to:

**PWBA
P.O. Box 7047
Lawrence, KS 66044-7047**

ASSIGNMENT OF SIGNER ID AND PIN

Upon acceptance of your application, EFAST will generate and assign each Signer is assigned **two (2)** identifying numbers: A Personal Identification Number (PIN) and a Signer ID.

A Personal Identification number is a unique sixteen (16) character identifier. The Signer ID is a unique nine (9) digit identifier. Used together, these numbers act as the Signer's "electronic signature" on the electronic filing. The parties whose PIN and Signer ID is used for electronic/magnetic media filing become the parties responsible for the filing.

FORWARD PIN AND SIGNER ID TO BENEFIT SYSTEMS, INC.

Benefit Systems, Inc. needs to have your "electronic signature" to submit the annual Form 5500 for your retirement plan electronically to the DOL Employee Benefits Security Administration. When you receive both your Personal Identification Number (PIN) and Signer ID, please forward this information to Benefit Systems, Inc. at the address below:

**Benefit Systems, Inc.
1400 W. Anderson Lane
Austin, Texas 78757**

Part III EFAST Electronic Signature, Transmitter and Software Developer Applicant Information

A Name (last, first, and initial) of Individual Applying for an EFAST Electronic Signature:

[Empty grid for name entry]

B Name of Company, Trade, Business or Other Person Applying to be an EFAST Transmitter or Software Developer:

[Empty grid for company name entry]

C Employer Identification Number (EIN)

[Empty grid for EIN entry]

D Mailing address (*Street, P.O. Box*)

[Empty grid for mailing address entry]

City

State

ZIP Code

[Empty grid for city, state, and ZIP code entry]

E Name of contact person

[Empty grid for contact person name entry]

F Daytime telephone number (*Include area code.*)

[Empty grid for daytime telephone number entry]

G FAX telephone number (*Include area code.*)

[Empty grid for FAX telephone number entry]

H If you would like to receive EFAST materials by E-mail, please enter your E-mail address below:

[Empty grid for email address entry]

