

EZLINK ACCESS FORM INSTRUCTIONS



ICMA RETIREMENT CORPORATION

Who should use the EZLink Access form?

Plan Sponsors who would like to receive an EZLink USER ID and password for the first time and those who would like to change the access on a particular USER ID.

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|---|---|
| <p>1 Plan Coordinator Information</p> | <p>Please provide the name of the person at your plan who is designated as the plan coordinator. This person should also authorize access at the end of this form. If you want to verify your current plan coordinator, please call the Employer Services Unit at 1-800-326-7272 between 8:30 a.m. and 7:30 p.m. Eastern Time.</p> |
| <p>2 Password Holder Information and On-line Withdrawal Option</p> | <p>If this is an "Initial Access Request", please complete the password holder information for all staff members that are to be assigned User ID's and passwords. Please be sure to include their level of access for the features listed below:</p> <p>Balances/Inquiry: access plan and participant level information, including balances and investment allocations</p> <p>Enrollments/Rehires: enroll or rehire a participant on-line</p> <p>Participant Changes: update participant information such as name, address, marital status, title, phone number</p> <p>Contribution & Loan Repayments Detail:</p> <p>File Transfer: submit a pre-formatted contribution & loan repayment file (in ICMA-RC format)</p> <p>On-Line Entry: process contributions and loan repayments on-line using a prior payroll as a base, or start from scratch</p> <p>On-Line Withdrawals: employer approval for participant on-line withdrawal requests</p> <p>If this is a change, please make sure to enter the staff members current User ID.</p> <p><u>To reassign this User ID to a new staff member</u>, please provide the new users password holder information including their level of access.</p> <p><u>To update the current password holder's information</u>, enter the new information.</p> <p><u>To remove this User ID</u>, check the "Delete User ID" box. This will remove all information currently on file for this User ID and make it available for future use.</p> |
| <p>3 System Recommendations:</p> | <p>This section outlines the systems recommendations for accessing and processing on-line using EZLink. If you have any questions regarding these recommendations, please send an email to the ICMA-RC Webmaster at www.icmarc.org and select "Contact Us."</p> |
| <p>4 Plan Coordinator Approval</p> | <p>Please have the plan coordinator sign and date this EZLink Access Form.</p> |

Please fax your completed EZLink Access Form to the "EZLink Administrator" at 1-202-962-4601.

EZLINK ACCESS FORM



ICMA RETIREMENT CORPORATION

First Contribution Date Following Plan Implementation: _____

1
Plan Coordinator Information
*(*This information must be completed to avoid processing delays.)*

Initial Access Request Change Access Request

Plan Name*: NASSAU County BCC
Plan Number*: 305646
Plan Coordinator Name: _____ Title: _____
Phone Number: _____ Fax: _____
Email Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

You must provide the "Password Holder Information" to establish a User id and password for the Plan Coordinator.

Total Number of User ID's: _____

2
Password Holder Information and On-line Withdrawal Option

User ID (if a change) _____ Delete User ID
Name: Patsy Bunch
Title: HR Coordinator
Phone #: 904.321-5908 email Address: PBunch@NASSAU County FL. Co
Access:
Balances/Inquiry ___Y ___N Contributions & Loan Repays:
Enrollments/Rehires ___Y ___N File Transfer ___Y ___N
Participant Changes Y N On-Line Entry ___Y ___N
(name, address, etc.) On-line Withdrawals ___Y ___N

User ID (if a change) _____ Delete User ID
Name: Debbie Keiter
Title: Payroll Specialist
Phone #: 904.548.4800 Email Address: DKeiter@NASSAU County FL. Co
Access:
Balances/Inquiry Y ___N Contributions & Loan Repays:
Enrollments/Rehires Y ___N File Transfer ___Y ___N
Participant Changes Y ___N On-Line Entry ___Y ___N
(name, address, etc.) On-line Withdrawals ___Y ___N

User ID (if a change) _____ Delete User ID
Name: _____
Title: _____
Phone #: _____ Email Address: _____
Access:
Balances/Inquiry ___Y ___N Contributions & Loan Repays:
Enrollments/Rehires ___Y ___N File Transfer ___Y ___N
Participant Changes ___Y ___N On-Line Entry ___Y ___N
(name, address, etc.) On-line Withdrawals ___Y ___N

User ID (if a change) _____ Delete User ID
Name: _____
Title: _____
Phone #: _____ Email Address: _____
Access:
Balances/Inquiry ___Y ___N Contributions & Loan Repays:
Enrollments/Rehires ___Y ___N File Transfer ___Y ___N
Participant Changes ___Y ___N On-Line Entry ___Y ___N
(name, address, etc.) On-line Withdrawals ___Y ___N

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|---|--|------------------------------|----------|------------------------------|--|---------------------|----------|---------------|----------|---|----------|---------------|----------|--|--|---------------------|----------|
| <p>2</p> <p>Password Holder Information and On-line Withdrawal Option (continued)</p> | <p>User ID (if a change) _____ <input type="checkbox"/> Delete User ID</p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone #: _____ Email Address: _____</p> <p>Access:</p> <table border="0"> <tr> <td>Balances/Inquiry</td> <td>___Y___N</td> <td>Contributions & Loan Repays:</td> <td></td> </tr> <tr> <td>Enrollments/Rehires</td> <td>___Y___N</td> <td>File Transfer</td> <td>___Y___N</td> </tr> <tr> <td>Participant Changes (name, address, etc.)</td> <td>___Y___N</td> <td>On-Line Entry</td> <td>___Y___N</td> </tr> <tr> <td></td> <td></td> <td>On-line Withdrawals</td> <td>___Y___N</td> </tr> </table> <hr/> <p>On-Line Withdrawals - select one choice below:</p> <p><input type="checkbox"/> Pre-Approval The employer will provide ICMA-RC with termination dates for all participants and this information may be used as our authorization to permit disbursements from participant accounts.</p> <p><input type="checkbox"/> Post-Approval The employer wants to review each participant withdrawal request and will approve/deny each accordingly.</p> | Balances/Inquiry | ___Y___N | Contributions & Loan Repays: | | Enrollments/Rehires | ___Y___N | File Transfer | ___Y___N | Participant Changes (name, address, etc.) | ___Y___N | On-Line Entry | ___Y___N | | | On-line Withdrawals | ___Y___N |
| Balances/Inquiry | ___Y___N | Contributions & Loan Repays: | | | | | | | | | | | | | | | |
| Enrollments/Rehires | ___Y___N | File Transfer | ___Y___N | | | | | | | | | | | | | | |
| Participant Changes (name, address, etc.) | ___Y___N | On-Line Entry | ___Y___N | | | | | | | | | | | | | | |
| | | On-line Withdrawals | ___Y___N | | | | | | | | | | | | | | |
| <p>3</p> <p>System Recommendations</p> | <p>The minimum supported hardware and software for EZLink is:</p> <ul style="list-style-type: none"> ✓ Netscape Navigator Version 4.5, OR Microsoft Internet Explorer 5.0 ✓ 128 Bit Encryption ✓ High speed Internet access or minimum 56K modem ✓ Pentium class PC ✓ Windows NT, 1995 or later <p style="text-align: center;">OTHER SYSTEMS ARE NOT RECOMMENDED</p> | | | | | | | | | | | | | | | | |
| <p>4</p> <p>Plan Coordinator Approval</p> | <p>ICMA-RC considers participant information to be highly confidential, and we go to great lengths to avoid breaching that confidentiality. For this reason, ICMA-RC cannot be responsible for (i) negligent or intentional misuse of the PIN by the [the municipality's] officers, employees, agents or contractors, (ii) a breach of confidentiality that may occur as a result of such negligent or intentional misuse of the PIN, or (iii) a breach of confidentiality that may occur as a proximate result of the [municipality's] access to the participant database. If the [municipality's] uses EZLink online transaction processing, please remember to review all financial information you have entered for your participants, as ICMA-RC is not responsible for incorrect data transmitted by the [municipality]. ICMA-RC recommends that you encourage all participants to review confirmations for accuracy.</p> <p>The Retirement Corporation's home page is normally available 24 hours a day, seven days a week. However, service availability is not guaranteed. Neither the Retirement Corporation or its affiliates, the Retirement Trust, nor The Vantagepoint Funds will be responsible for any loss (or forgone gain) you may incur as a result of service being unavailable.</p> <p>Please signify your agreement to these terms by signing in the space indicated below. You may fax this signed agreement to the EZLink Administrator at 1-202-962-4601. We will then provide you with your User ID(s) and Password(s) so you can use EZLink. Should you have questions, please call Employer Services at 1-800-326-7272.</p> <p>Agreed: <u>Floyd Vanzant</u> Date: <u>4-12-04</u> <small>Authorized Signatory</small></p> <p>Print Your Name <u>Floyd L. Vanzant</u></p> | | | | | | | | | | | | | | | | |

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