



## Investment Provider Agreement Approval Form

School Name \_\_\_\_\_ State: \_\_\_\_\_

☐ We approve the use of the Investment Provider Agreement for our Section 457(b) Retirement Plan.

**Please indicate below if your Plan will require its Investment Providers to pay administrative services fees as a condition of being an approved Provider of the Plan.**

☐ AFPlanServ, on behalf of the Plan Sponsor, SHALL BILL the Provider applicable service fees<sup>1</sup>. If a Participant maintains a balance with one or more Provider, the fee will be divided pro-rata between each Provider.

☐ AFPlanServ, on behalf of the Plan Sponsor, SHALL NOT BILL the Provider applicable service fees<sup>1</sup>

<sup>1</sup>There will be a monthly administrative services fee assessed by AFPS to the Plan Sponsor for each Participant in the Plan Sponsor's 457(b) Plan. This fee is payable for Participants that currently contribute to the Plan and for those that do not currently contribute, but maintain a balance in the Plan. The current monthly fee amount of \$1.00 per Participant will be in effect until completion of the first Plan Year. Prior to the end of each Plan Year, the fee will be reviewed and may change. Any such change shall not require an amendment to this Agreement.

\_\_\_\_\_  
Plan Sponsor Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date