



CONSENT TO RECEIVE ELECTRONIC COMMUNICATIONS

Your Employer's Name: _____

Your Name: _____

Your Email Address: _____

I consent to receive electronic communications for any and all matters permitted by law regarding the above mentioned employer's Plan which is sent by, or on behalf of, the plan or my employer. By signing this consent, I will no longer receive printed copies of communications which are sent to me electronically.

I certify that I have access to the above email address and am able to receive electronic messages with attachments at that email address. Should I subsequently provide the Plan Administrator with a different email address to use for these communications, this consent shall apply to that email address also.

I understand that I may request a paper copy of any correspondence provided electronically at no charge by contacting the Plan Administrator in writing.

The Plan, Employer, nor any agent of the Plan or Employer, shall be held liable for my not having received any communication by virtue of my inability to receive the communication at the email address I have provided. Any electronic communication sent shall be deemed to have been received by me.

I may revoke this consent at any time by notifying the Plan Administrator in writing. If I should no longer have access to the email address last provided to the Plan Administrator, I shall immediately provide a new email address or revoke this consent.

Signature

Date

Please retain a copy of this Consent for your records.

**Please fax or mail this Consent to the address/number below,
to the attention of Flex Plan Services.**

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www.jaegerflynn.com