

# PORTAL ACCESS



## ✓ USE THIS FORM TO:

- Establish Alaska 529 Payroll Deduction portal access.
- Update an employer's or native corporation's current Alaska 529 portal access.

This paper clip indicates you will need to attach documentation.

Fax completed form to 907-450-8023 or mail to an address below.

## RETURN THIS FORM TO: EXPRESS MAIL ONLY:

Alaska 529

PO Box 755120

Fairbanks, AK 99775-5120

Alaska 529

2025 Yukon Drive, Suite 207

Fairbanks, AK 99775-5120

## 1 ACCOUNT INFORMATION

The Payroll Deduction Portal ("Portal") is a secure website that enables different types of organizations/corporations ("Employers") to perform certain administrative functions for its employees and/or shareholders ("Employees") who wish to contribute to an account with Alaska 529 (the "Plan"). T. Rowe Price Services, Inc. ("T. Rowe Price") will establish portal access and provide each authorized agent ("Agent") with a unique User ID and temporary password by email. The Employer agrees to accept responsibility for protecting the confidentiality of the login information. T. Rowe Price will provide access to the portal for use by the Employer in enabling its Employees to contribute through payroll or dividend to the Plan. The Employer is responsible for maintaining compatibility with the online services. The Employer agrees to maintain records of Employees on the Portal. The Employer is responsible for reviewing and verifying the accuracy of all information that it (or its Agents) enters directly into the Portal and for promptly notifying T. Rowe Price of any resulting errors, omissions, or inaccuracies.

**Access to the Portal WILL NOT be granted to any party other than the Employer Agent(s) listed on this form. After this form is processed, a letter of instruction will be required to grant access to the Portal for additional Agent(s).**

By completing the information requested below, the Employer authorizes and directs T. Rowe Price to provide unique login information to each of the designated individuals as the Employer's Agent in order to permit Agent separate access to the information and functionality that is available on the Portal. In directing T. Rowe Price to provide such third-party access, the Employer specifically acknowledges and agrees that it accepts responsibility for protecting the confidentiality of any login information provided to Agent. Further, the Employer acknowledges that T. Rowe Price, in its own discretion, may provide telephone and email support to any listed Agent, which may include discussion of information made available on, or a functionality of, the Portal.

## 1 A EMPLOYER INFORMATION

Employer Name		
Employer Tax Identification Number (EIN)		
Street or Mailing Address		
City	State	ZIP Code

## 1 B EMPLOYER AGENT INFORMATION

Agents will be provided administrative rights within the Portal to create, edit, and submit rosters. Please designate one Agent as primary. The primary Agent will be the first point of contact, if contact is required.

Primary Agent Name	Phone
Email	
Agent Name	Phone
Email	
Agent Name	Phone
Email	

## 2 BANK INFORMATION

This service allows money to move from the Employer's bank account to the Plan quickly and easily via the Automated Clearing House (ACH) network. Electronic Fund Transfers (EFTs) occur when you submit a request through the Portal. Completion of the section will replace any bank account currently on file for this Employer.

**Enclose a voided check or letter from the bank on bank letterhead, which provides the account number, registration of account, and routing number.**

We cannot accept starter checks.

Checking account **or**  Savings account



**By signing this form, Employer acknowledges and agrees that:**

- **529 Benefit Plan.** Employer is fully responsible for, and shall indemnify and hold harmless T. Rowe Price and its affiliates and employees, from any unauthorized use or disclosure of Agent’s online information, which use or disclosure results from the unauthorized use of Agent’s login information. Further, to prevent unauthorized access to the online information, Employer will notify T. Rowe Price immediately if Agent’s login information is lost or if it becomes aware of any unauthorized use of the login information or any online information.
- **Confidential Information.** All computer reporting systems, computer programs, software, record-keeping systems, passwords, other security codes, or login information issued to Agent and other business practices and procedures of T. Rowe Price made available to Agent on behalf of Employer in connection with this Agreement, other than information that is in the public domain or that is rightfully obtained from third parties, shall be considered “T. Rowe Price Confidential Information.” Employer (and its Agent(s)) shall maintain T. Rowe Price Confidential Information with at least the same degree of care that it uses to protect its own confidential information and shall use all reasonable means to prevent the disclosure of any T. Rowe Price Confidential Information to any third party except as required by law. Employer agrees to notify T. Rowe Price upon discovery of any unauthorized use or disclosure by its Agent of T. Rowe Price Confidential Information and will cooperate to help regain such T. Rowe Price Confidential Information and prevent its further unauthorized use.
- **Electronic Funds Transfer.** Employer hereby authorizes T. Rowe Price to initiate credit and debit entries to the account at the financial institution indicated and for the financial institution to credit or debit the same to such account through the ACH system, subject to the rules of the financial institution, ACH, and T. Rowe Price. T. Rowe Price may correct any transaction error with a debit or credit to Employer’s financial institution account and/or Plan account. This authorization, including any credit or debit entries indicated thereunder, is in full force and in effect until Employer or its Agent notifies T. Rowe Price of its revocation by telephone or in writing and T. Rowe Price has sufficient time to act on it.
- **Correcting Contributions.** In the event that Agent makes a clerical error (such as entering the incorrect dollar amount) when entering plan contributions, Employer may request that T. Rowe Price correct such error, provided that the Employer provides T. Rowe Price with a signed letter of indemnification requesting the correction within 120 days after the confirmation of the transaction was issued. T. Rowe Price reserves the right to reject Employer’s request for a correction in situations where tax reporting for the Employee would be impacted by the error, where the Account in question has been subsequently liquidated, or where similar circumstances apply. Additionally, requests for corrections will only be accepted for clerical or administrative errors and will not be accepted in situations where the assets and/or investment instructions were not submitted to T. Rowe Price by Employer.
- **Force Majeure.** Neither T. Rowe Price nor Employer shall be liable for any loss or expense resulting from a failure to fulfill or for delay in fulfilling its responsibilities under this Agreement where such failure or delay arises from any occurrence commonly known as force majeure, including, but not limited to, fire, flood, earthquake, or other natural disaster; acts of God; medical epidemics or outbreaks; war; riots; acts or threats of terrorism; acts of foreign enemies; acts of civil, military, or banking authorities; restrictive governmental laws or regulations; national emergencies; legal constraints; embargo; strikes or other acts of workers; inability to procure labor or materials; nuclear or chemical contamination; acts or failure of any telephone or wireless network; failure of transportation; failure of communication or power supply; failure of public infrastructure; or any other events or circumstances beyond the reasonable control of the party affected.

- **Indemnification.** Employer shall indemnify, hold harmless, and defend T. Rowe Price (including its affiliates and their officers, directors, employees, and agents) from and against any liability, loss, and expenses (including reasonable attorneys’ fees and court costs) incurred in connection with (i) the performance of T. Rowe Price’s duties under this Agreement, except to the extent that any such liability, loss, or expense arises from T. Rowe Price’s own gross negligence or willful misconduct; (ii) any action taken by T. Rowe Price in accordance with the direction or instructions of Employer or Employer’s Agent, or any failure to act in the absence of such directions or instructions; and (iii) Employer’s breach of its obligations under this Agreement.
- **Investment Instructions.** Employer acknowledges that any investment instruction with respect to the Plan that it provides to T. Rowe Price is deemed to accurately reflect instructions from the Employee. Employer specifically authorizes the investment of such contributions in accordance with the allocation instruction provided by Employer to T. Rowe Price.
- **Plan Contributions.** Plan contributions will be invested according to each Employee’s investment designation on file with T. Rowe Price at the time of the contribution.
- **Updating Information.** If Employer is making changes to an existing agreement with T. Rowe Price with respect to the Plan, Employer has indicated changes to the previously provided information on this form and understands that any changes will be made within a reasonable amount of time after T. Rowe Price receives this form. Employer acknowledges that the information provided on this form is effective as of the date indicated and signed below, that T. Rowe Price may rely on this information until notified otherwise by the Employer, and that Employer will notify T. Rowe Price when changes to the selections made or the information provided on this form occur.
- **Term and Termination.** This Agreement shall remain in full force and effect until the earlier of the date that the Employer reaches dormancy status in the Portal (two years with no activity) or the Employer or T. Rowe Price notifies the other of the termination of this Agreement.

**Authorized Person’s Signature**

The undersigned represents and certifies that he or she is authorized to execute this document on behalf of the Employer.

If you wish for the Authorized Person to have access to the Portal, please also provide their information in section 1B.

**SIGNATURE AND DATE REQUIRED**

Authorized Person		Date (mm/dd/yyyy)
<b>X</b>		
Printed Name		
Title		
Email	Phone	

 Please provide the appropriate documentation of who is authorized to act on behalf of your organization. For example, such documents could include Business Licenses, Articles of Incorporation, etc. If you have any questions regarding what company documents are required for your organization type, please call **1-844-529-5290**.

