

Everington Companies ACH Authorization Form (Optional)

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">First Name</td> <td style="width: 10%;">MI</td> <td style="width: 60%;">Last Name</td> </tr> </table>	First Name	MI	Last Name	Company Name
First Name	MI	Last Name		
Email	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Phone</td> <td style="width: 50%;">Social Security No.</td> </tr> </table>	Phone	Social Security No.	
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Submit Via:

Email: info@perfect401k.com; Fax: (703) 774-3222 (Attn: Everington Consulting, Inc.); Mail: 14325 Willard Rd., STE 104, Chantilly, VA 20151 (Attn: Everington Consulting, Inc.)

ACH Authorization Release

The Participant hereby authorizes Everington Companies (i) to initiate deposit entries to/and deposit the bank account below and (ii) when appropriate, to initiate reversals of erroneous or duplicate deposit entries and debit the indicated bank account. The Participant affirms that the account listed below is a personal account and not a corporate or an organization checking or savings account. Everington Companies are authorized to (i) deposit the exact amount of funds listed on the corresponding form (Loan, Hardship, In-Service Withdrawal, and Required Minimum Distribution) or (ii) deposit the full balance of the above named Participant's account (Lump Sum Distribution).

The ACH feature requires that the plan Participant bank account accept electronic debit/deposit entries from Charles Schwab Bank. We recommend that you contact your bank before submitting your first ACH transfer to ensure that you have the appropriate account setting in place. Charles Schwab Bank's company identification code is 2943149038 for your bank's reference.

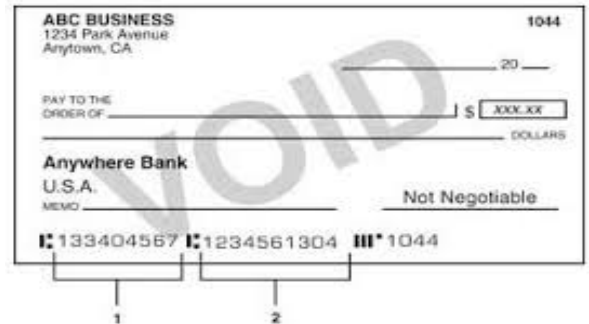
Personal Bank/ Financial Institution Information

List a personal account only. Corporate/ Organization accounts will not be accepted.

Account Holder Name	Checking or Savings?
ABA Transit Routing Number (1)	Account Number (2)

Attach a canceled or voided preprinted check (required).

Attach Here
(or under separate cover)



Participant Authorization

By signing this agreement the participant will allow Everington Companies to initiate Electronic Fund Transfers between the applicable Plan bank account and the appropriate Participant bank account (indicated below). Electronic transfers will only occur when an authorized plan sponsor approves the distribution of funds from the plan.

_____ Participant Signature

_____ Date