



12-month rate guarantee.

By signing below I, on behalf of the employee benefit plan listed below, confirm that I was offered a 15-month rate guarantee on my All Savers Alternate Funding plan year, and I am declining that offer and will be subject to a renewal after a 12-month period.

Legal Business Name: _____

Authorized Signature: _____

Print Name and Title: _____

Date: _____

Broker Signature: _____

Print Name: _____

Date: _____