



Authorization to Obtain an ERISA Fidelity Bond

Plan Name: _____

Total Assets: \$ _____ as of _____

Total Non-Qualified Assets: \$ _____ (tangible property, metals and coins, or real estate)

I hereby authorize any employee of PACE TPA to obtain an ERISA Fidelity Bond to cover the above-mentioned Qualified Retirement Plan(s) on my behalf.

I further understand the following:

- I acknowledge that my bond coverage will be 10% of the total assets or 100% of the total non-qualified assets and the premium will be set accordingly.
- I understand that the premium will be directly billed to me and that the bond will be good for 3 years.
- I also authorize PACE TPA to include this bond coverage on my Form 5500, and I acknowledge responsibility for notifying PACE TPA if the bond is cancelled for any reason (including cancellation due to my non-payment of the bond premium)
- I acknowledge responsibility for maintaining my bond; including renewal after the 3 year term expires
- I have never filed a claim through a prior/existing ERISA Bond policy

Dated: _____

Plan Sponsor/Trustee

Please sign and fax to (559) 436-4679