

EBP Plan Participant Guide – Paper

You will receive a letter in the mail. **DO NOT DISCARD**. It's important that you respond as part of your employer's audit. You have two options to respond:

1. By Mail:

- Simply read the letter, fill out the form and return in the envelope provided.

2. By Internet: You can log into your confirmation online, review and submit back to the auditor. Use the Instructions in the letter or See instructions below:

- Go to www.confirmation.com/respond
- On the Account Verification screen, enter your Tracking Number and Paper ID provided on the paper cover sheet or lower left corner of the form.
- Click "Submit"

Employee Benefits Confirmation [close](#)

Account Verification

Please enter the Tracking Number and Paper ID found at the bottom of your confirmation.

Tracking Number *


Paper ID *

I have read and accept the [User Agreement](#) *

Need Help? Contact us at:
1-866-325-7201 or 1-615-844-6222
Customer.Support@confirmation.com
[Privacy Statement](#)

* Denotes required field

- This is an example of the confirmation that will display. Please follow any instructions provided, review the information, and submit back to the auditor.


Confirmation.
WELCOME LAURA PALMER [LOGOUT]

Employee Benefit Plan

Our auditors are conducting an audit of the financial statements for the referenced benefits plan. Please provide to our auditors the following information related to your participation in the plan as of the date specified. This audit is required by the Department of Labor for any retirement plan with 100 or more participants. Your participation and prompt response to this request is appreciated.

Request ID: O7x8kp48k6v

1 Review Account Information

Participant Laura Palmer	Plan Name Sample Plan Name	Account ID 1234567890
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Attachments regarding your plan (Click to view/download attachments)

File Name	Date	Size	User Name	User Type
Laura Palmer 2014.pdf	03/05/2015	80.9 KB	Matt McInnis	Auditor

2 Verify Plan Information
Verify your plan information below. Make updates where applicable.

As of Date 03/01/2015 <small>(mm/dd/yyyy)</small>	Currency USD *	Account Closed <input type="checkbox"/>	
Date of Birth 08/14/1979	Date of Hire 08/15/1996	Date of Termination/Retirement N/A	Gross Wages (for Plan Year) \$ 48,312.44
Balance \$ 38,458.88	Contribution Amount (for Plan Year) \$ 6,148.00	Contribution Percentage (for Plan Year) 7.8 %	
Gross Distribution (if applicable) \$	Net Distribution (if applicable) \$		
Loan Amount (if applicable) \$	Date of Loan (if applicable)	Loan Balance (for As of Date) \$	

3 General Questions / Comments

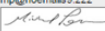
4 Certify

Name Laura Palmer	Email Address l.palmer@email.zzz	Confirm Email Address l.palmer@email.zzz
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I certify that the information is correct according to my records *


Participant Information

Participant Laura Palmer	Address l.palmer@email.zzz	Account Information Participant: Laura Palmer Plan Name: Sample Plan Name Funds Account ID: 1234567890
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Plan Provider Information	Plan Administrator	Requestor Information
Plan Provider Worldwide Benefits Corp 1234 Main St. City, TN 33333 United States	Mgr Michael Person 555-555-5555 mp@noemail9.zzz 	Accounting Firm Innova CPAs 1234 Chabille Ct. Summertown, LA 55515 United States
		Lead Auditor Matt McInnis 999-888-6666 innova.confirmation@gmail.zzz Office: Pripyat Accounting

submit
close

All dates displayed as mm/dd/yyyy
 *USD - United States of America, Dollars * Denotes required field


Confirmation.

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 Use of this Web site constitutes acceptance of the Capital Confirmation User Agreement and Privacy Statement.
 Capital Confirmation's business processes are covered by US Patent Nos. 7383232, 7631488, 8442880, 8464105, 8510165, 8543475. Other patents are pending.

If you need assistance, contact our customer support at **1-866-325-7201** or **customer.support@confirmation.com**.