

State of Hawaii  
 Department of Education  
 Office of Human Resources

Essential Information Relating to Facilities of

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(Name of Insurance/Mutual Fund Company)

Description	Yes or No
(1) Is the company licensed in the State of Hawai'i as a service provider? <b>If yes, attach a copy of the Certificate of Registration of Dealer in Securities</b> issued by the State of Hawai'i, Department of Commerce and Consumer Affairs.	
(2) Is there a General Agent appointed by the service provider at the local agency/company? <b>If yes, attach a copy of the Notice of Appointment, Form APPT.</b>	
(3) Does the service provider or the local agency provide policies, which conform to and provide all the advantages of the applicable laws and regulations pertaining to IRS Code 403(b)?	
(4) Does the service provider or the local agency provide proper training of the local representatives to properly implement IRS Code 403(b) contemplated for the State of Hawaii Department of Education Tax-Sheltered Annuity Program?	
(5) Does the service provider or the local agency provide appropriate forms and brochures to properly implement IRS Code 403(b) contemplated for the State of Hawaii Department of Education Tax-Sheltered Annuity Program? <b>Attach samples of forms and brochures.</b>	
(6) Please provide available ratings from other rating firms, such as Weiss, Moody, and Standard and Poor, a SAS70 audit or an independent financial audit, or any other documentation to show your company strength. If service provider is an insurance company, does the service provider have a rating from A.M. BEST Company? <b>Attach a current copy of the insurance company's rating, the relative financial strength and operating performance, as determined by A.M. BEST Company.</b>	
(7) Does the service provider or local agency have representatives in Hawaii to provide advice and administrative services to Department of Education employees? If not, does the company provide a toll-free number for employee inquiries and/or questions?	
(8) Does the service provider agree to sign the 403(b) Provider/ Information Sharing Agreement with the Department of Education's Third Party Administrator, National Benefit Services, LLC. <b>Attach a copy of the signed 403(b) Provider/Information Sharing Agreement.</b>	
<p>(9) Employees' payroll contributions must be sent directly to option A or B indicated below. Choose and complete either option A or B:</p> <p><b>A. Remittance by mail (check):</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>City    State    Zip</p> <p><b>B. Electronic Remittance:</b></p> <p>_____</p> <p>Institutional Name</p> <p>_____</p> <p>Account Number</p> <p>_____</p> <p>Routing Number</p>	

## Certification

This is to certify that the information provided on page 1 is correct.

**(1) Certified at the Home Office by:**

**(2) Certified by the Local General agent:**

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Home Office Address:**

**Local Office Address:**

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone