

## Mineral Essential Enrollment Form and Acceptance of Terms

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

<b>A</b>	<b>Employer Information</b>									
	<table border="0"><tr><td data-bbox="71 401 1052 426">Employer Name</td><td data-bbox="1057 401 1502 426">Concordia Plan Services Employer ID</td></tr><tr><td data-bbox="71 470 824 495">Employer Address</td><td data-bbox="829 470 1073 495">Employer City</td><td data-bbox="1078 470 1312 495">Employer State</td><td data-bbox="1317 470 1502 495">Employer Zip Code</td></tr><tr><td data-bbox="71 539 753 564">Employer Phone Number</td><td data-bbox="758 539 1317 564">Total Employee Count</td><td data-bbox="1321 539 1502 564">Employer FEIN</td></tr></table>	Employer Name	Concordia Plan Services Employer ID	Employer Address	Employer City	Employer State	Employer Zip Code	Employer Phone Number	Total Employee Count	Employer FEIN
Employer Name	Concordia Plan Services Employer ID									
Employer Address	Employer City	Employer State	Employer Zip Code							
Employer Phone Number	Total Employee Count	Employer FEIN								
<b>B</b>	<b>System User Information</b>									
	<p data-bbox="71 653 854 678"><i>The individual at the ministry who will be accessing the HR Services Site.</i></p> <table border="0"><tr><td data-bbox="71 751 516 777">First Name</td><td data-bbox="521 751 954 777">Last Name</td><td data-bbox="959 751 1502 777">Job Title</td></tr><tr><td data-bbox="71 821 873 846">Email Address</td><td data-bbox="878 821 1502 846">User Phone Number</td></tr></table>	First Name	Last Name	Job Title	Email Address	User Phone Number				
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Email Address	User Phone Number									
<b>C</b>	<b>Mineral Platform Services and Fees</b>									
	<p data-bbox="71 926 1336 989">Concordia Plan Services offers <b>Mineral Essential Platform</b> (the “Services”) to Employer. The Services include tools, information, training and any pages registered on the trustmineral.com domain.</p> <p data-bbox="71 1020 969 1052">The cost of Mineral Essential Platform is a flat fee per user ID of \$49.00 per month.</p> <p data-bbox="71 1083 1312 1146">Payments will be debited from the Employer’s bank account beginning the month following initial enrollment in the Services (see HR Services ACH Authorization Form).</p>									
<b>D</b>	<b>Terms and Conditions</b>									
	<p data-bbox="71 1220 1520 1283">Concordia Plan Services (“Sponsoring Company” or “CPS”), has established a relationship with a provider of virtual Human Resources (HR) services developed for small to mid-sized businesses.</p> <p data-bbox="71 1314 826 1346">Employer may use the Services on the following terms and conditions:</p> <ol style="list-style-type: none"><li data-bbox="71 1377 1523 1472"><u>1. Terms of Use:</u> Employer acknowledges that, before using the Services, Employer will be required to accept the Terms of Use set forth at <a href="http://trustmineral.com/terms-of-service/">trustmineral.com/terms-of-service/</a> (“Terms of Use”). Employer further acknowledges that the Terms of Use are incorporated into this Mineral Platform Enrollment &amp; Acceptance of Terms Form (together, the “Agreement”).</li><li data-bbox="71 1503 1502 1598"><u>2. Commencement of Services:</u> Services will not commence until Company (as defined in the Terms of Use) and CPS receive all documents and information needed and Company and CPS are able to process the documentation and activate the Services (“Effective Date”).</li><li data-bbox="71 1629 1511 1724"><u>3. Payment of Fees:</u> For access to the Services, Employer agrees to pay CPS the fees set forth in Section C (“Fees”). Fees are subject to change upon thirty (30) days written notification to Employer. All fees will be debited via ACH on the 5th or 20th of each month (see HR Services ACH Authorization Form).</li><li data-bbox="71 1755 1520 1881"><u>4. Term:</u> Services shall commence on the Effective Date and shall continue for a minimum of six months (the “Initial Term”). Thereafter, this Agreement shall automatically renew on a month-to-month basis and may be terminated by either party upon 30 days’ advance written notice. Provided, however, if the business relationship between CPS and Company ceases for any reason, CPS may immediately terminate this Agreement.</li><li data-bbox="71 1913 1425 1944"><u>5. Employer’s Default:</u> In the event of Employer default, CPS may terminate this Agreement upon 30 days’ notice to Employer.</li></ol>									

The Authorized Employer Representative named below warrants that he/she possesses full power and authority to sign this Enrollment. By signing below, Employer agrees to the terms of and conditions of this Enrollment, including the Terms of Use, and accepts the offer of Services.

**X**


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 Signature of Authorized Employer Representative

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 Date (MM/DD/YYYY)

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 Printed Name of Authorized Employer Representative

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 Title or Office Held

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 Email Address

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 Daytime Phone Number

Please return this Enrollment and Authorization Form to Concordia Plan Services:

Via mail: PO Box 229007  
St. Louis, MO 63122

Via fax: 314-996-1127

Via secure email: [info@ConcordiaPlans.org](mailto:info@ConcordiaPlans.org)

If you need a secure email, you can email [info@ConcordiaPlans.org](mailto:info@ConcordiaPlans.org) and request a secure email be sent to you. Concordia Plan Services will send you a secure email that you can reply to and ensure your information is sent securely.

**Concordia Plan Services**  
**HR Services ACH Authorization Form**

EMPLOYER DATA:

Employer Name \_\_\_\_\_

Employer Number \_\_\_\_\_

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

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

Contact Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact Email Address \_\_\_\_\_

I, \_\_\_\_\_ (printed name), authorize Concordia Plan Services to initiate ACH debit entries for HR Services fees on the 5<sup>th</sup> 20<sup>th</sup> of each month (check one) directly from the following bank account:

Bank Name \_\_\_\_\_

Bank City, State \_\_\_\_\_

Bank ABA/Routing \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Account Type (check one)                      Checking                      Savings

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this Enrollment and Authorization Form and a voided or cancelled check for the account described above to:

Via secure email: [Info@ConcordiaPlans.org](mailto:Info@ConcordiaPlans.org)

Via fax:                      (314) 996-1127

If you need a secure email, you can email [info@ConcordiaPlans.org](mailto:info@ConcordiaPlans.org) and request a secure email be sent to you. Concordia Plan Services will send you a secure email that you can reply to and ensure your information is sent securely.

The employer agrees to inform its bank of Concordia Plan Services' (CPS's) rights to initiate ACH transactions on behalf of the employer. The employer shall (a) execute with its bank such agreements to allow CPS to initiate ACH debits from the employer account, (b) immediately notify CPS if any unforeseen circumstances arise that could impact the collection of sufficient funds from the employer's account. Note: CPS ACH Company ID is 2710986725.

In order to keep the HR Services program cost-effective please note that CPS does not intend to mail individual monthly bills for the service; instead they will provide invoices by email and process the ACH deduction transaction on a monthly basis.