403(b) Plan Update Request

Account Information

Employer Name_____

Ascensus Client ID or Current Financial Organization Account Number_____

This form is intended to be used by clients who would like to make changes to plan contact information or provisions. All contact updates on this form will be automatically applied to all related plans within the Document Compliance Services department at Ascensus unless specifically indicated in the Comments/Notes section.

Instructions:

☐ **Complete date on which the 403(b) plan amendment will be effective. Generally, this is identified as the "Restatement Date" in the plan's adoption agreement.** *(This date should be a date in the future. When selecting this date, please allow two weeks from the date of submission for processing. If no effective date is indicated, the effective date will be the 1st or 15th of the month following the submission date; whichever allows for at least two weeks for processing.)*

Provide the date on which the 403(b) plan amendment will be effective.

_____ , _____
(Month/Day) *(Year)*

☐ **Complete Section One if contact information needs to be updated.**

☐ **Complete Section Two if plan provisions need to be updated. Enter effective date in the section below.**

☐ **Include any comments or notes in the box provided on page 4.**

☐ **Sign and date this form in Section Three.**

☐ **Return a copy of this form to Ascensus. Keep the original for your records.**

Caution: If your plan is currently ACP Safe Harbor or QACA ACP Safe Harbor and you are requesting an amendment effective date that is not the first day of the next plan year, please be aware that the IRS has issued guidance that suggests changes to safe harbor or non-safe harbor provisions, at any time other than the first day of the plan year, could jeopardize the safe harbor status of your plan for the year

Next Steps

Form Sections Completed	What this will update on your plan	Action Steps	Fee
Section One	This will update plan contact information in our systems for your plan.	If the employer contact information is updated you may be required to amend your plan. See action steps below if amending your plan. Any other changes to your plan contacts will not require an amendment, a new Adoption Agreement will not be required.	A $35 fee will apply if you previously signed a Document Service Agreement (DSA) and an amendment is required. Please contact Ascensus if you would like more information on potential fees.
Section Two	This will update your plan document provisions.	As part of the plan amendment process, you may be required to do the following depending on your request: • Sign and return signature documents, or • Replace page(s) within your current Adoption Agreement, and • Distribute new Summary Plan Description to plan participants	A $35 fee will apply if you previously signed a Document Service Agreement (DSA) and an amendment is required. Please contact Ascensus if you would like more information on potential fees.

NOTE: *If you have previously signed a DSA and an Employer or Plan Name update is requested, a new DSA will need to be signed. The updated DSA will be delivered along with your updated Adoption Agreement and Summary Plan Description.*

Section One: Contact Information Update

Please print clearly and only update the following information that has changed.

Employer Information

(The Primary Signer is typically the business owner who will sign as Adopting Employer on the Adoption Agreement and is able to make plan document changes.)

Employer Name If the Employer Name is incorporated into your Plan Name, we will make the same updates to the plan name. ☐ Please check this box if you do not want the plan name updated	
Employer Account Number *(investment firm account number)*	
Legal Address of Employer	
Mailing Address *(if applicable)*	
City, State, Zip	
Name of Primary Signer at Employer	
Title of Primary Signer *(select all that apply)*	☐ Plan Sponsor ☐ Other _____
Phone Number of Primary Signer	
Email Address of Primary Signer ***(Required)***	

General Plan Contact at Employer

(Optional, this person will not sign the adoption agreement)

Name of Secondary Contact	
Title of Secondary Contact	☐ CPA ☐ Attorney ☐ Manager ☐ Other _____
Phone Number of Secondary Contact	
Email Address of Secondary Contact	
Designation of Secondary Contact	☐ New ☐ Replace Existing

By signing this form, I acknowledge that Ascensus may provide information or documentation related to the employer or the plan to the Secondary Contact at Employer listed above, upon their request. I am responsible for providing written notification to Ascensus if the contact information changes or if I wish to revoke this designation.

Authorized Vendor

An authorized vendor listed is approved to receive plan contributions. Please list any and all vendors used by the adopting employer. The vendor attachment specifies the annuity contract and custodial account vendors. You must complete or update this document to list all of the approved vendors of investment arrangements under the plan. Internal Revenue Service IRS requires that you keep a copy in your plan files. If additional authorized vendors are needed, please indicate in the comment section.

Authorized Vendor Name	
Authorized Vendor Website	
Representative's Name	
Phone Number	
Email Address	

Exchange Vendor

An Exchange vendor listed is not authorized to receive plan contributions. Notwithstanding the forgoing, the following Vendors have signed information sharing agreements with the employer and are authorized to receive exchanges from Participant Individual Accounts. You must complete or update this document to list all of the approved vendors of investment arrangements under the plan. Internal Revenue Service IRS requires that you keep a copy in your plan files. If additional exchange vendors are needed, please indicate in the comment section.

Exchange Vendor Name	
Exchange Vendor Website	
Representative's Name	
Phone Number	
Email Address	

Agent for Service of Legal Process

The Agent for Service of Legal Process is the individual who should receive legal paperwork if a claim is to be made against the plan (to be reflected in the summary plan description). This individual will be the same as the individual named in unless a different name or address is listed below.

Name of Authorized Individual	
Business Address *(P.O. boxes not accepted)*	
City, State, Zip	

Financial Professional Information
(if applicable)
(If you have changed financial organizations, please contact your Ascensus client service team as an additional form is required.)

Firm Name	
Name of Financial Professional	
Phone Number of Financial Professional	
Email Address of Financial Professional	

By signing this form, I acknowledge that Ascensus may provide information or documentation related to the employer or the plan to the financial professional listed above according to Section 6.01 of the DSA. I am responsible for providing written notification to Ascensus if the contact information changes or if I wish to revoke this designation.

Client Service Associate
(Optional)

Name of Client Service Associate	
Phone Number of Client Service Associate	
Email Address of Client Service Associate	

By signing this form, I acknowledge that Ascensus may provide information or documentation related to the employer or the plan to the financial professional's client service associate listed above, upon their request. I am responsible for providing written notification to Ascensus if the contact information changes or if I wish to revoke this designation.

Section Two: Plan Provision Information Update

Please complete the applicable items below in order for Ascensus to properly prepare the plan document amendment.

1. **Please provide clear written instructions reflecting the provisions you wish to change in the Comments/Notes section of this form.**

2. **Amending to Add Loans**

   ☐ Yes, loans are permitted from the plan.

3. **Amending Additional Provisions**

   Additional forms required for the provisions below, please contact an Ascensus client service representative to assist in completing your requested amendment.

   ☐ Roth 403(b) and/or in-plan Roth rollovers
   ☐ 403(b) ACP Safe Harbor contribution
   ☐ Automatic enrollment
   ☐ Age weighted or new comparability allocation formula
   ☐ Amend for Hardship Distributions

   If adding a matching contribution to your plan document for the first time, including a non-safe harbor match, QACA safe harbor match, safe harbor match, the matching contribution computation applicable to matching contributions will be Annual unless otherwise specified.

Comments/Notes

Section Three: Employer Agreement and Signature

1. I have read and understand the choices elected within this 403(b) Plan Update Request form. The information provided in this form and any ancillary information provided for the purposes of completing the plan updates are, to the best of my knowledge, correct and complete.

2. I represent that I am authorized to sign on behalf of the employer (e.g., other person legally authorized to act on behalf of the entity that established the plan).

3. I understand that completion of this form does not constitute a plan amendment (if applicable); this is a request to have Ascensus prepare an amendment. Upon receipt of this form and appropriate attachments, Ascensus will prepare an amended qualified retirement plan document for me to execute. If a replacement page and new Summary Plan Description is all that is needed, Ascensus will provide these for me to execute.

4. I understand that I am responsible for ensuring that the documents/amendments accurately reflect my changes and the requested changes are in compliance with laws governing qualified retirement plans. I have read and understand the 403(b) Plan Update Request form provided to me by Ascensus. I understand that I will be responsible for reviewing and executing the applicable documents/amendment and neither Ascensus nor any of its employees provide legal or tax advice. You must consult with your legal or tax advisor when making decisions about a retirement plan. I have taken all necessary actions to initiate this plan (e.g. board resolution) and acknowledge responsibilities for any applicable fees.

5. I understand that after the adoption agreement has been signed, future changes to plan provisions can be made only by an additional formal plan amendment (if applicable).

Authorized Signature

Name

Date

Return the 403(b) Plan Update Request to Ascensus using one of the following delivery methods.

Fax 218-825-5713

Regular Mail
Ascensus DCS Unit
PO Box 577
Fort Washington, PA 19034

Express or Overnight Mail
Ascensus DCS Unit
575 Pinetown Road #577
Fort Washington, PA 19034