

Designation of Successor Plan Administrator/Trustee – Individual(k)

GENERAL INFORMATION

Plan Name: _____

Employer Name: _____

Address _____

City _____ State _____ Zip _____

DESIGNATION OF SUCCESSOR PLAN ADMINISTRATOR/TRUSTEE

If I am the sole owner of the business sponsoring the plan, the following individual will become the Plan Administrator/Trustee of the plan upon my death for purposes of plan termination and liquidation. Upon presentation of certified proof of death, the Trustee/Custodian is authorized to process payout request(s) in accordance with the instructions provided by the Successor Plan Administrator/Trustee.

I understand that I must inform the Trustee/Custodian in writing of any change to this designation. Absent any written notification, the Trustee/Custodian will rely on the designation on file.

Name of Successor Plan Administrator/Trustee: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SUCCESSOR PLAN ADMINISTRATOR/TRUSTEE CONSENT

I understand and accept the responsibilities associated with this designation.

Successor Plan Administrator/Trustee Signature: _____ Date: _____

SIGNATURE

Plan Administrator/Trustee Signature: _____ Date: _____

Type Name: _____

Witness Signature: _____ Date: _____

Type Name: _____