

Qualified Retirement 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 Section One if contact information needs to be updated. Enter effective date in the section below.
- 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 at the top of page 4.
- Sign and date this form in Section Three.
- Return a copy of this form to Ascensus. Keep the original for your records.

Provide the date on which the qualified 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.)*

_____, _____
 (Month/Day) (Year)

Caution: If your plan is currently ADP Safe Harbor or QACA ADP 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 or trustee 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.	As outlined in your current Document Service Agreement with Ascensus, a \$35 fee may apply if an amendment is needed.
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: <ul style="list-style-type: none"> • Sign and return signature documents, or • Replace page(s) within your current Adoption Agreement, and • Distribute new Summary Plan Description to plan participants 	

***DSA:** If the Employer Name and/or Plan Name is requested to be updated, a new Document Service Agreement (DSA) is required to be signed. The DSA will be delivered via Sertifi with a replacement page for your Adoption Agreement and new Summary Plan Description. If the EIN is only requested to be updated, a new DSA will need to be initialed with changes.

Section One: Contact Information Update

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

Employer Information

(The plan sponsor is permitted to provide Ascensus with direction to make any plan document changes. This person will sign the adoption agreement.)

Employer Name	
Employer Account Number <i>(investment firm account number)</i>	
Legal Address of Employer	
Mailing Address (if applicable)	
City, State, Zip	
Name of Plan Sponsor	
Title of Plan Sponsor <i>(select all that apply)</i>	<input type="checkbox"/> Trustee <input type="checkbox"/> Plan Sponsor <input type="checkbox"/> Other _____
Phone Number of Plan Sponsor	
Email Address of Plan Sponsor (Required)	

General Plan Contact at Employer

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

Name of Secondary Contact	
Title of Secondary Contact	<input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Manager <input type="checkbox"/> Other _____
Phone Number of Secondary Contact	
Email Address of Secondary Contact	
Designation of Secondary Contact	<input type="checkbox"/> New <input type="checkbox"/> 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.

Enter below the individual who will be the plan's discretionary trustee (may not be Ascensus or any of its employees or representatives). If you need to amend more than one trustee for the plan, list additional trustees in the Comments/Notes section of this form.

Trustee Information

(The trustee is permitted to provide Ascensus with direction to make any plan document changes. This person will sign the adoption agreement.)

Amending Trustee(s) Amending Limited Trustee* Adding Additional Trustee(s)

*A limited trustee is appointed solely for the purposes of ensuring the timely collection and deposit of employer contributions. If no limited trustee is listed, the individual trustee will be deemed to be a limited trustee. If "Adding Additional Trustee(s)" is selected above, the person being added to the plan will not replace a Trustee for the plan unless otherwise indicated in the Comments/Notes section of this form.

Name of Trustee	
Email Address of Trustee (Required, if different than plan sponsor's email)	
Legal Address (P.O. boxes not accepted)	
City, State, Zip	
Phone Number of Trustee	
Title of Trustee	

NOTE: Enter above the individual who will be the plan's discretionary trustee (may not be Ascensus, your financial organization, another financial organization or any of their employees or representatives). A Trustee must be named for your plan. If your plan has a Limited Trustee that is different than the Trustee for your plan, or multiple Trustees, please list these individuals including names, title, email address, physical address and phone number in the Comments/Notes section of this form. A Limited Trustee is appointed solely for the purposes of ensuring the timely collection and deposit of employer contributions. If no Limited Trustee is listed, the individual Trustee will be deemed to be a Limited Trustee.

Authorized Individual Information

The authorized individual of the employer is the person 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 the **Trustee Information** in your plan document, 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)

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. Provide a copy of each page of the plan's current adoption agreement reflecting the provisions you wish to change (e.g., if you would like to amend the plan to allow for eligibility at age 20 instead of 21, make a copy of the applicable page of your adoption agreement, cross out "age 21" in the appropriate section and fill in "age 20.") If more convenient for you, you may provide specific written direction of your changes in the Comments/Notes section of this form.

2. Options for Amending to Add Loans

- Check box if you are amending your plan to add loans and complete the following information to amend your plan to add a loan feature.
 The minimum loan amount will be \$1,000 unless a lesser amount is indicated \$_____ (not to exceed \$1,000).
 Two loans will be the maximum number of outstanding loans at one time, per participant, unless indicated _____
 The loan interest rate will be Prime + 1%, unless indicated.
 Prime Other _____ (If "Other" is selected, the loan interest rate must reflect prevailing market rates for similar loans)

NOTE: The maximum amount of all outstanding loans cannot exceed the lesser of half of the participant's vested account balance or \$50,000. In addition, plan loans shall be available without regard to the intended use of the loan.

3. Options for Amending Additional Provisions

- Roth 401(k) and/or in-plan Roth rollovers,
- 401(k) ADP/ACP Safe Harbor contribution,
- automatic enrollment,
- age weighted or new comparability allocation formula,
- plan type changes, or
- nondeductible contribution to an Individual(k) plan.

If you are amending any of the above provisions, additional information is needed to complete your request. Please contact an Ascensus client service representative to assist in completing your requested amendment.

Comments/Notes

Section Three: Employer Agreement and Signature

1. I have read and understand the choices elected within this Qualified Retirement 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., President, Officer, or 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 Qualified Retirement 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).

Name _____ Title _____
Name of Authorized Individual for the Employer (*Print Clearly*)

Signed _____ Date _____
Signature of Authorized Individual for the Employer

Return the Qualified Retirement Plan Update Request to Ascensus using one of the following delivery methods.

Fax 218-825-5713

Regular Mail

Ascensus DCS Unit
PO Box 726, Brainerd, MN 56401

Express or Overnight Mail

Ascensus DCS Unit
415 8th Avenue NE, Brainerd, MN 56401