

Designation of Successor Plan Administrator/Trustee

GENERAL INFORMATION

NAME OF PLAN _____

NAME OF EMPLOYER _____

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 _____

SIGNATURES

PLAN ADMINISTRATOR/TRUSTEE SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____