

Solo Defined Benefit 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:

- Provide the date on which the Solo Defined Benefit 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)

- 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 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.

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.	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: <ul style="list-style-type: none"> • Sign and return signature documents, or • Replace page(s) within your current Adoption Agreement 	

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.

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. <input type="checkbox"/> Please check this box if you do not want the plan name updated	
Employer Account Number <i>(investment firm account number)</i>	
Legal Address of Employer	
Mailing Address <i>(if applicable)</i>	
City, State, Zip	
Name of Primary Signer at Employer	
Title of Primary Signer <i>(select all that apply)</i>	<input type="checkbox"/> Trustee <input type="checkbox"/> Plan Sponsor <input type="checkbox"/> Other _____
Phone Number of Primary Signer	
Email Address of Primary Signer <i>(Required)</i>	

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 Trust and Custodial Agreement.)

Amending Trustee(s)
 Amending Limited Trustee*
 Adding Additional Trustee(s)**
 Remove Trustee(s) Name of Trustee(s) to be removed _____

*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.

Agent for Service of Legal Process

(If the current Agent for Service of Legal Process is a Trustee that is being removed in the section above, we will also remove them in this role unless otherwise notated here.)

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. This individual will be the same as the individual named in Part A, **Trustee Information**, 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. Freezing/Unfreezing the Plan

Check box if you are amending your plan to freeze benefit accruals effective _____ (enter date).

Check box if you are amending your plan to unfreeze benefit accruals effective _____ (enter date).

NOTE: *Freezing the plan cannot take away a benefit that has already accrued. If this Plan is a frozen Plan, all benefit accruals ceased as of the effective date that the Plan was frozen. In addition, no additional contributions (e.g., rollover, transfer) may be accepted by the Plan on or after the date that the Plan is frozen. Furthermore, once the Plan is frozen, no additional Employees shall become Participants.*

3. Loans are not permitted from the plan, unless indicated.

Yes, loans are permitted from the plan.

Comments/Notes

A defined benefit may not reduce or remove a benefit that has already accrued. Reductions to the benefit formula, vesting and actuarial assumptions can only be made prospectively.

Section Three: Employer Agreement and Signature

1. I have read and understand the choices elected within this Solo Defined Benefit 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 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 Solo Defined Benefit 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 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 577
Fort Washington, PA 19034

Express or Overnight Mail

Ascensus DCS Unit
575 Pinetown Road #577
Fort Washington, PA 19034