

# Designation of Successor Plan Administrator/Trustee – Standardized Defined Benefit Plan

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## 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: \_\_\_\_\_