

Individual (k)

Designation of Successor Plan Administrator/Trustee

Send a copy of the signed form to Ascensus and keep the original for your records.

GENERAL INFORMATION

Name of Plan _____ Ascensus Client Number _____

Name of Employer _____

Name of Plan Administrator/Trustee _____

DESIGNATION OF SUCCESSOR PLAN ADMINISTRATOR/TRUSTEE

Designation of Successor 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, Ascensus 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 Ascensus in writing of any change to this designation. Absent any written notification, Ascensus will rely on the designation on file.

Complete This Section

Name of Successor Plan Administrator/Trustee: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Email _____

Successor Plan Administrator/Trustee Must Sign and Date Here

I understand and accept the responsibilities associated with this designation.

Successor Plan Administrator/Trustee Signature _____ Date _____

SIGNATURES

Plan Administrator/Trustee Must Sign and Date Here

Plan Administrator/Trustee Signature _____ Date _____