

VIP Services: (888) 855-9856 | info@trustprovident.com 7450 Arroyo Crossing Parkway, Suite 230, Las Vegas, NV 89113

Designation of Successor Plan Administrator/Trustee

This designation of successor plan administrator or trustee overrides all previous designations for this plan.

Section 1	General Information					
Name of Plan			Name of Employer			
Address		City	Sta	nte	Zip	
Section 2	Designation of Success	or Plan Ad	dministrator/Tru	stee		
upon my death for to process payout re I understand that I will rely on the desi	ner of the business sponsoring the P purposes of plan termination and lice equest(s) in accordance with the insemust inform the Custodian in writing gnation on file. Plan Administrator/Trustee	quidation. Upo tructions provi	on presentation of certi- ded by the Successor P	fied proof of dea lan Administrato	ath, the Custodian or/Trustee.	is authorized
Address		City	Sta	ate	Zip	
Tax ID (SSN/TIN)	Date of Birth (mm/dd/yyyy)	Phone	Email			
Section 3	Successor Plan Adminis	strator/Tru	ıstee Consent			
I understand and ad	ccept the responsibilities associated	with this desig	nation.			
X						
Successor Plan Adm	inistrator/Trustee Signature		Plan Administrator/Truspe or print)	stee Name	Date	
Section 4	Signatures					
х						
Plan Administrator/	Trustee Signature	Plan Adm	inistrator/Trustee Name	(Please type or p	orint) Date	
X						
Witness Signature		Witness N	lame (Please type or pri	int)	Date	

Congratulations! You are now able to submit your completed request.

Before submitting this form, please review all information prior to signing. When ready, mail, email, or fax this completed form to:

Mail to: Provident Trust Group

P.O. Box 123

Fort Washington, PA 19034 Fax to:

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Email to: newaccounts@trustprovident.com

(702) 253-7565