Plan Update Notification

Effective Date of Change: _____

Former Plan Sponsor Name: _____

New Plan Sponsor Name: _____

Existing Plan Name: _____

Will the Plan name change? ☐ Yes ☐ No

If yes, provide new Plan name: _____

Is there a new Tax ID associated with this name change? ☐ Yes ☐ No

If yes, provide new Tax ID:_____

Client represents that the individual signing on behalf of the Client has been duly appointed by corporate action to sign this Amendment on behalf of the Client, and no other signatories are required.

Executed by: _____

Authorized Signer: _____

Date Signed: _____