

Client Information Change Form

Use this form to indicate plan contact changes and plan address changes. When complete and signed, please fax to 218-855-6010 or 215-648-4888 or email to your Client Service Team.

Plan Number _____ Plan Name _____ Date _____

Add New/Revise Existing Contacts

Name _____ Phone _____ Ext _____

Email _____

Select the role of the contact (select one only):

- ☐ Plan Administrator (both signatures required below)
☐ Payroll Contact
☐ Auditor/CPA

Should this contact receive:

Payroll Notifications?

- ☐ Yes
☐ No

Website Access?

- ☐ Yes
☐ No

If this is a payroll contact and your plan has multiple payroll locations, does this apply to all? ☐ Yes ☐ No

If No, which location(s) will be included in this change? _____

Is the Limited Trustee changing? ☐ Yes ☐ No

If yes, please contact your client service team, a plan amendment may be required to make this update.

If adding more than one contact, please complete this section.

Name _____ Phone _____ Ext _____

Email _____

Select the role of the contact (select one only):

- ☐ Plan Administrator (both signatures required below)
☐ Payroll Contact
☐ Auditor/CPA

Should this contact receive:

Payroll Notifications?

- ☐ Yes
☐ No

Website Access?

- ☐ Yes
☐ No

If this is a payroll contact and your plan has multiple payroll locations, does this apply to all? ☐ Yes ☐ No

If No, which location(s) will be included in this change? _____

Remove Plan Contacts

Name _____ Email address _____

All access for this user will be removed.

Name _____ Email address _____

All access for this user will be removed.

Plan Address Change

Mailing Address _____

City _____ State _____ Zip _____

Phone number _____ Ext _____

NOTE: If this address change is to a PO Box, a physical address must be filled in below.

Physical Address _____

City _____ State _____ Zip _____

Do you want your Plan Documents to reflect this address/phone number change? ☐ Yes ☐ No

Authorization

***If adding a new Plan administrator both signatures are required below. Unsigned forms will delay processing of this request.**

**By signing below, you authorize that you accept Plan Administrator responsibilities.

Print Name of New Plan Administrator

Signature

Date

*By signing below, you are an authorized contact and have the authority to make the above changes. Authorized contacts are the Plan Administrator, Officer, Owner or Trustee.

Print Name of Authorized Contact

Signature

Date