

VIP Services: (888) 855-9856 | info@trustprovident.com 8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Designation of Successor Plan Administrator/Trustee

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

Name of Plan Name of Employer		
Address	City State Zip	
Section 2 Designation of Success	ssor Plan Administrator/Trustee	
upon my death for purposes of plan termination and	Plan, the following individual will become the plan administrate liquidation. Upon presentation of certified proof of death, the instructions provided by the Successor Plan Administrator/Truster	Custodian is authorize
understand that I must inform the Custodian in writ will rely on the designation on file.	ting of any change to this designation. Absent any written notif	fication, the Custodiar
Name of Successor Plan Administrator/Trustee		
Address	City State Zip	
Tax ID (SSN/TIN) Date of Birth (mm/dd/yyyy)	Phone Email	
	istrator/Trustee Consent	
understand and accept the responsibilities associate	d with this designation.	
x		
Successor Plan Administrator/Trustee Signature	Successor Plan Administrator/Trustee Name (Please type or print)	Date
Section 4 Signatures		
x		
Plan Administrator/Trustee Signature	Plan Administrator/Trustee Name (Please type or print)	Date
X		

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

Email to: newaccounts@trustprovident.com

Mail to: Provident Trust Group 8880 W. Sunset Rd., Suite 250

Las Vegas, NV 89148 Fax to: (702) 253-7565

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