

Principal Trust Company

A member of



Mailing Address:
 P.O. Box 8963
 Wilmington, DE 19899-8963
 800-209-9010 Fax: 302-999-9554
TRSProcessing@principaltrust.com

**Qualified Plan
 Participant Information Form**

**Important Information for all Employees
 (for Individual 401(k) Only)**

This plan is designed for a business owner, including partners, and their spouses only. A spouse can only participate if he/she is an employee of the company. If you are not an owner or an owner's spouse, please contact your employer immediately. You **cannot** complete this form or participate in the plan.

**Important Information for all Employers
 (for Individual 401(k) Only)**

You are the employer and plan sponsor of this plan. If you have common-law employee(s), including partners who own less than 5% of the business, who are eligible or will become eligible for this plan, you must contact us regarding options to cover these employees under other retirement plans.

I. Plan Information

This must be completed and submitted with an Adoption Agreement for all Plans or when adding new participant(s)

Employer Name

Employer Address City State ZIP Code

Employer Phone Number Employer Email Address Employer Tax ID Number

Plan Type: (Select One) Individual 401(k) Profit Sharing Pension

II. Summary Plan Description

Please read the administrative checklist and the fee schedule prior to completing this section.

The employer hereby directs Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company (Principal Trust Company) to perform the service as indicated below (check the box):

Prepare Summary Plan Description (SPD) booklet. See "Schedule of Fees" in the pamphlet and remit the appropriate fee for this service. (Not available for Individual 401(k) plans)

Plan Sponsor Signature

III. Investment Representative Information

Name

Address City State ZIP Code

Phone Number Email Address Investment Firm

IV. Participant Information

IMPORTANT NOTE

A Beneficiary Designation/Change Form needs to be completed for each participant below and returned with this form.

Indicate If Owner/ Spouse – <i>I(k) Only</i>	Participant's Name	Participant's Social Security Number	Date of Birth	Date of Hire	Date of Participation	Participant's New Account Number (Issued by Investment Firm)
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

V. Plan Sponsor Signature

- I have read and understand the information provided in the instructions regarding float.
- I agree to pay all applicable fees described in the "Schedule of Trustee Fees", which may be changed from time to time.
- Any fee changes will be communicated to me in writing by Principal Trust Company. If I do not pay such trustee fees directly, I authorize my/our investment representative as "custodian" to debit such trustee fees from my retirement plan account.
- I understand Principal Trust Company is not an investment advisor and does not supervise or control my investment representative. Principal Trust Company does not endorse any particular investment. I agree to use independent judgment in making my investment decisions.
- I agree to resolve disputes with Principal Trust Company through binding arbitration. See section 7.12 of the Trust Agreement for Self-Directed Accounts.
- I certify that I am either an owner or the spouse of an owner and that I am an employee of the employer. – ***l(k) Only***

Plan Sponsor Signature

Date

This Beneficiary Designation Form must be completed by each participant when a new plan is established, new employees are added, and when there is a change of beneficiary. The trustee shall make payments in accordance with the most recent beneficiary designation form that is on file with the trustee. It shall be the responsibility of the employer and participant to forward beneficiary designation forms to the trustee containing any changes in the designation of beneficiaries.

If a married participant designates a beneficiary other than his/her spouse, the spouse must consent to the designation of that beneficiary in writing, (such consent must be witnessed by a Notary Public). If a participant is not married, a declaration to that fact must be signed and witnessed.

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**Beneficiary Designation/
 Change Form**

I. Participant Information (Please print or type)		
Plan Name		Brokerage Firm & Account Number
Participant Name		Social Security Number
Street Address		Daytime Phone Number
City	State	ZIP Code

II. Beneficiary Designations
<p>I hereby designate the following individuals as primary and contingent beneficiaries of my accumulated benefits which will be paid by reason of my death under the provisions of the plan. The trustee shall pay all accumulated benefits under the plan by reason of death to the primary beneficiary(ies), and if no primary beneficiary(ies) shall survive, then to the spouse (if any) or to the estate of the Participant. If more than one beneficiary is designated, such beneficiaries share equally unless otherwise specified. The trustee shall make payment in accordance with the most recent beneficiary data sheet, which is on file with the plan sponsor. This beneficiary designation will supersede any and all previous beneficiary designations. The right to revoke or change any beneficiary designation is hereby reserved. All prior beneficiary designations (if any) are hereby revoked. Note: Please check the appropriate Primary or Contingent box for each beneficiary. Percentages must total 100.</p>

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		Social Security Number	
	Date of Birth	Allocation %	Relationship	Phone Number
	Street Address		City	State
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		Social Security Number	
	Date of Birth	Allocation %	Relationship	Phone Number
	Street Address		City	State
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		Social Security Number	
	Date of Birth	Allocation %	Relationship	Phone Number
	Street Address		City	State
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		Social Security Number	
	Date of Birth	Allocation %	Relationship	Phone Number
	Street Address		City	State

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		Social Security Number	
	Date of Birth	Allocation %	Relationship	
	Street Address		City	State
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		Social Security Number	
	Date of Birth	Allocation %	Relationship	
	Street Address		City	State

III. Participant Certification of Marital Status

I am single
 I am married
 I am married and have no knowledge of the whereabouts of my spouse

VI. Spouse's Consent and Waiver

Complete this section only if someone other than spouse is listed as Primary Beneficiary

I hereby consent to the foregoing beneficiary designation by my spouse, naming someone other than me as the Primary Beneficiary. Furthermore, I hereby acknowledge that (1) the effect of my consent to this election will cause me to forfeit benefits I would otherwise be entitled to receive upon my spouse's death; (2) this beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's Signature	Date
Witnessed by Notary Public	If Notary Public, Commission Expires

V. Participant Signature

Participant Signature Required	Date
Executed this _____ day of _____, _____.	
Witnessed by Notary Public:	

Complete separate forms for participating owners and participating spouses.

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Beneficiary Guidelines

I. Important Information

- Beneficiary designations are legal documents stating who is to receive the death benefits and how benefits are to be paid. Without designations, benefits will usually be paid to the spouse as primary beneficiary or the participant’s estate as the contingent beneficiary.
- It is required that each participant complete the Beneficiary Designation form when he/she becomes eligible to participate in the plan.
- If you are married and designate a beneficiary other than your spouse, your spouse must consent in writing on the Beneficiary Designation form. (Spouse signature **MUST BE STAMPED BY NOTARY**)
- At any time, the beneficiary information can be changed to reflect a new designation by completing a Beneficiary Designation form. The original copy of this form must be maintained in the employer’s files. A copy of this form must be sent to us, so we can keep our records current. Mail, fax or email (TRSProcessing@principaltrust.com) a copy to Principal Trust
- Principal Trust Company will not accept any altered forms. Each Beneficiary Designation form must be clear and complete. We cannot accept requests with items crossed out. If we are unsure of the designation chosen, we will ask for clarification on a new form.
- Words like “or” “and/or” should not be used because it does not clearly explain how the assets should be distributed. It is recommended that the Allocation Percentage section of the Beneficiary Designation form should be completed with the percentage of assets you want allocated to each beneficiary. Allocation percentages do not have to be the same percentage for all beneficiaries, but they **must** total 100% for all primary and contingent beneficiaries.
- We strongly suggest that you consult with your attorney to determine the correct wording. Principal Trust Company is not authorized to, and cannot provide legal advice.

II. Unacceptable Designations

- Last Will and Testament
- Animals named as beneficiaries

III. Sample Designations

	Name	Relationship	Address	Allocation Percentage
One Beneficiary	John Smith	Father	#####	100%
Two Beneficiaries	John Smith Mary Smith	Father Mother	##### #####	50% 50%
Primary and Contingent	Mary Smith-Primary John Smith-Contingent	Mother Brother	##### #####	100% 100%
Estate	My Estate			100%
Trust	XXX Trust Company	Trustee in trust (under trust name) dated (date established)	Trustee’s address	100%
Minor Children	Consult with your attorney for directions when naming minor children as beneficiaries			