

**Principal Trust Company**

A member of



Mailing Address:  
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**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 <b>cannot</b> 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)	<input type="checkbox"/> Individual 401(k)	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> Pension

**II. Investment Representative Information**

Name			
Address	City	State	ZIP Code
Phone Number	Email Address	Investment Firm	

**III. 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"/>						

#### IV. 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 Money Purchase Pension or Profit Sharing Plans or the Service Agreement for Individual 401k Plans.
- I certify that I am either an owner or the spouse of an owner and that I am an employee of the employer. – ***!(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.