

# ERISA 404(c) Plan Information Form



## Return Options:

### Electronically via Message Center:

Log in and go to Client Services > Message Center to attach the file

### Regular Mail:

PO Box 2209, Omaha, NE 68103-2209

### Overnight Mail:

200 South 108th Avenue  
Omaha, NE 68154-2631

Fax: 866-468-6268

Questions? Call a Client Services representative at 800-669-3900.

Check here if the plan will NOT be maintained under ERISA Section 404(c), complete Section 1 and sign Section 4.

If the plan is a TD Ameritrade Prototype PSP, Individual 401(k), or MPPP, then a new updated Adoption Agreement with the ERISA question (Section 7) updated to "No" will need to be submitted if your Adoption Agreement does not already specify "No" in Section 7.

**Note:** Owner-Only plans (plans with no participants other than business owner(s) and spouses of owners who work for the business) should check here and check "No" in Section 7 of their Adoption Agreement.

Check here if the plan to desired to be maintained under ERISA Section 404(c), and complete Sections 1-4.

ERISA 404(c) is an optional section of the law to which Employers may choose to adhere. It is only applicable to Employers who have participants in their plan and is not applicable to owner-only plans.

## 1 Plan Information (Required Fields)

Account Number (if available):

Tax ID Number or U.S. Social Security Number if not a pooled plan:

 -  OR  -  - 

Account Title/Plan Name:

Home Address (no PO box or mail drop):

City:	State:	Zip Code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address (if different than above):

City:	State:	Zip Code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Phone Number:

Check here if this is not a U.S. phone number

Secondary Phone Number:

Check here if this is not a U.S. phone number

Fax Number:



## 2

### Plan Contact Information *(Required Fields)*

Plan Fiduciary First Name:

Middle Name:

Last Name:

Mailing Address:

City:

State:

Zip Code:

Country:

Primary Phone Number:

Check here if this is not a U.S. phone number

Secondary Phone Number:

Check here if this is not a U.S. phone number

Fax Number:

Fiduciary Email Address:

## 3

### Employer Information

Employer Name:

Employer Tax ID Number:

## 4

### Plan Administrator Information

Plan Administrator:

Mailing Address:

City:

State:

Zip Code:

Country:

Primary Phone Number:

Check here if this is not a U.S. phone number

Secondary Phone Number:

Check here if this is not a U.S. phone number

Fax Number:

TPA Email Address:

**Section 4, Plan Administrator Information continued**

**Sign Here**

Original signatures are required; electronic signatures and/or signature fonts are not authorized

Account Owner Title:	Account Owner Signature: <b>X</b>	Date: [ ]-[ ]-[ ]
Fiduciary Title:	Fiduciary Signature: <b>X</b>	Date: [ ]-[ ]-[ ]
Administrator Title:	Administrator Signature: <b>X</b>	Date: [ ]-[ ]-[ ]

**5**

**Employee Information**

Please list all TD Ameritrade accounts within your qualified plan. This section is used to identify all employees covered by specific employers to remove the administrator mailing lists.

Employee Name	TD Ameritrade Account Number
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Investment Products: Not FDIC Insured \* No Bank Guarantee \* May Lose Value