



# ERISA Plan Information Form

PO Box 2209 ■ Omaha, NE 68103-2209

Fax: 866-468-6268

- Check here if the plan will NOT be covered under ERISA, please complete Section 1, and sign Section 4. Note: If the plan is a TD Ameritrade Prototype PSP or MPPP, then a new updated Adoption Agreement with the ERISA question (Section 7) updated to "No" will need to be submitted.
- Check here if the plan is covered under ERISA, and complete Sections 1-4.

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

## 1. PLAN INFORMATION *(required fields)*

Account Number *(if available)*:

Tax ID number or SSN if not a pooled plan:		Account Title/Plan Name:	
Address: <i>(no PO box or mail drop)</i>			
City:		State:	ZIP Code:
Mailing Address: <i>(if different from above)</i>			
City:		State:	ZIP Code:
Primary Phone:	Secondary Phone:		Fax Number:

## 2. PLAN CONTACT INFORMATION *(required fields)*

Plan Fiduciary Last Name:	First Name:	Middle Name:	
Mailing Address:			
City:		State:	ZIP Code:
Primary Phone:	Secondary Phone:		Fax Number:
Fiduciary Email Address:			

## 3. EMPLOYER INFORMATION

Employer Name:	Employer Tax ID number:
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#### 4. PLAN ADMINISTRATOR INFORMATION

Plan Administrator:

Mailing Address:

City: State: ZIP Code:

Primary Phone: Secondary Phone: Fax Number:

TPA Email Address:

#### Signatures

Account Owner Title:

X Account Owner Signature: Date:

Fiduciary Title:

X Fiduciary Signature: Date:

Administrator Title:

X Administrator Signature: Date:

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

#### 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

Investment Products: Not FDIC Insured \* No Bank Guarantee \* May Lose Value