Print Reset Save

Defined Contribution Retirement Plan Information Form

Use this form to provide updated information about your company's current Fidelity Self-Employed 401(k), Profit Sharing, and/or Money Purchase Plan(s). Do NOT use this form to establish a new Defined Contribution Retirement Plan with Fidelity. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for participant information, make a copy of the relevant page.

Helpful to Know

- **This form should be completed by the Employer.**
- Providing your Employer (Tax) Identification Number (EIN) enables Fidelity to report all your plan assets (including any employees' assets) on one Annual Valuation Statement, which Fidelity will mail to help you prepare your Form 5500 reporting.
- Your EIN is not the same as your Social Security number. To obtain an EIN for your Plan, you can file IRS Form SS-4 or call the IRS directly at 800-829-4933.
- If you are appointing a new Plan Administrator, Fidelity will designate this individual as the main contact for the Plan. Do not list a company as a Plan Administrator. Be sure to provide the requested information in Section 2 to ensure that any future mailings regarding the Plan are received.
- The Plan Administrator is a "named fiduciary" for purposes of ERISA Section 402(a)(1) and has the powers and responsibilities with respect to the management and operation of your company's Plan.
- If you have not already done so, it is recommended that you appoint a second individual as a Successor Plan Administrator to act on behalf of the Plan in the event that the named Plan Administrator dies, resigns, or is unwilling to act on behalf of the Plan.
- To learn more about the duties of the Plan Administrator or Successor Plan Administrator, please refer to Section 11.2(b) of the Plan Document.
- **You should also update the appropriate Adoption Agreement(s) with this information and retain copies of all completed documents.**

1. Plan Information

Employer Name

Employer (Tax) Identification Number

Plan Name

2. Plan Administrator Information

To appoint or update your Plan Administrator and/or Successor Plan Administrator, provide the requested information below.

Plan Administrator *The Plan Administrator serves as the main contact for the Plan.*

Note: *Fidelity will use this information to provide any future notices regarding amendments to the Defined Contribution Retirement Plan, as well as the Annual Valuation Statement.*

Plan Administrator Name *Do not list a company.*

Mailing Address

City | State | ZIP Code

Daytime Phone | Extension

Plan Administrator Information continues on next page. ▶▶

Successor Plan Administrator *In the event that the Plan Administrator is unable to fulfill its duties on behalf of the Plan, the Successor Plan Administrator will assume the responsibilities of the Plan Administrator.*

Successor Plan Administrator Name *Do not list a company.*		
Mailing Address		
City	State	ZIP Code

Daytime Phone	Extension

3. Plan Participant(s) Information

Provide the name and Plan account numbers for all participants who are covered by your Plan. If you need more room for participant information, please make a copy of this page.

Note: *Fidelity will use this information to ensure that all participant accounts are included on your Annual Valuation Statement.*

Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number
Participant Name	Account Number

Form continues on next page. ▶▶

4. Employer Signature and Date

By signing below, you certify under penalties of perjury that the provided Employer (Tax) Identification Number is correct. You further certify that you are the employer or authorized to act on behalf of the employer and that all information you provided is correct to the best of your knowledge.

EMPLOYER (NAME OF BUSINESS)
PRINT NAME OF PERSON SIGNING BELOW

SIGN

EMPLOYER SIGNATURE

X

DATE

DATE *MM/DD/YYYY*

X

Did you sign the form and include any necessary documents?
Send the ENTIRE form to Fidelity Investments.

Questions? Call 800-544-5373.

Regular mail
Fidelity Investments
PO Box 770001
Cincinnati, OH 45277-0002

Overnight mail
Fidelity Investments
100 Crosby Parkway KC1K
Covington, KY 41015