



403(b) Plan Sponsor Information

Part 1 Plan Sponsor Information

Plan Sponsor Name Employer Identification Number (EIN)

Mailing Address

City State ZIP code

Street Address (if different)

City State ZIP code

Web Site Address (if applicable)

Is Ameriprise Financial Services, Inc. an approved investment provider for the plan? Yes No

Is the plan subject to ERISA? Yes No

Please check the box that describes your organization:

An education organization operated by a governmental employer (e.g., a public school district, community college, or a state college or university)

A tax-exempt corporation or organization described in Internal Revenue Code Section 501(c)(3) (such employers may include private schools, colleges and hospitals, certain religious organizations, and other charitable and community service organizations)

Do you utilize a Third Party Administrator (TPA) for your 403(b) Plan ? Yes No

If yes, complete Part 3

Part 2 Plan Sponsor Contact Information

Primary Contact Name

Title Contact Phone Number Ext.

Fax Number E-mail Address (if applicable)

Secondary Contact Name (if applicable)

Title Contact Phone Number Ext.

Fax Number E-mail Address (if applicable)



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Part 3 Third Party Administrator Information (TPA)

TPA Name		TPA Employer Identification Number (EIN)	
Mailing Address			
City	State	ZIP code	
Street Address (if different)			
City	State	ZIP code	
Contact Name			
Title	Contact Phone Number		Ext.
E-mail Address (if applicable)			

Part 4 Declaration and Signature(s)

I am a duly authorized representative of the 403(b) Plan sponsored by the Employer identified in Part 1 of this form. As the plan representative, I direct and authorize Ameriprise Financial, Inc. and/or its affiliates to process Plan-related transactions in accordance with the directions received by the Third Party Administrator (TPA) identified in Part 3 of this form. I further represent that, before directing Ameriprise Financial to process any transaction, the Plan Sponsor and/or its designated TPA has (i) provided any applicable distribution-related disclosures to plan participants, (ii) obtained any and all elections and documentation necessary to effect the transaction, (iii) ascertained that a distribution and/or transaction is permitted under the terms of the Plan and (iv) any tax withholding instructions are consistent with the participant's election.

Plan Sponsor Name

Title

Plan Sponsor Signature Date (MMDDYYYY)

Authorized Plan Sponsor Representative Name

Authorized Plan Sponsor Representative Signature Date (MMDDYYYY)