



Investment Change for Cash Balance/ Defined Benefit Plan Payouts

1. PLAN INFORMATION

PLAN NAME _____

PLAN NUMBER _____

2. EFFECTIVE DATE

This change should be in place for all payouts beginning: _____

Please allow for 3- 5 business days in advance of the beginning date for the change to be completed. Insufficient funds will delay processing of any payout liquidations submitted.

3. INVESTMENT INFORMATION

INVESTMENT NAME _____

TICKER _____

All payout requests will be processed using the investment allocations across all fund holdings, unless a "Investment Change for Cash Balance/ Defined Benefits Plan payouts" form is in place.

4. AUTHORIZATION AND SIGNATURE

By submitting this form, I certify that our organization has fiduciary authority and or the plan sponsor's consent to make the changes requested here.

AUTHORIZED BY _____

TITLE _____ () PHONE _____

FIRM NAME _____

SIGNATURE _____ DATE _____

Please ensure that all information on this form has been completed. Incomplete forms will not be accepted.

Please fax this completed form to the BPAS Trade Coordinator at 315-292-6448 or email to dbutica@bpas.com

Questions? Contact Us.

- 📞 603-505-8505
- ✉ dbutica@bpas.com
- 🌐 bpas.com

BPAS USE ONLY	
Date Rec'd:	_____
Rec'd By:	_____
Process Date :	_____
Processed By:	_____