



# PLAN COORDINATOR CHANGE FORM

This form is used to request a change in the Plan Coordinator information on record at ICMA-RC.

**Instructions:**

1. Include all plan numbers these changes apply to on page 2.
2. The signature of the current Plan Coordinator or the Primary Contact is required on page 2.
3. Enter the change needed in the appropriate section on page 2.
4. Mail or fax the completed form to:

**ICMA-RC**  
**New Business Services**  
 777 North Capitol Street, NE  
 Washington, DC 20002-4240

*Or fax to*  
**Attn: New Business Services**  
**202-962-4601**

Your changes should appear in EZLink five business days from receipt of the properly completed and signed form. If you have any questions or need assistance, please email New Business Services at:

**[NBS-PlanAdoptionServices@icmarc.org](mailto:NBS-PlanAdoptionServices@icmarc.org)**

**Plan Coordinator – Change in the TITLE of the Plan Coordinator**

The title of the person authorized to fill this role may be designated in a municipal resolution, an affirmative statement, ordinance or other official government action empowered to designate an individual to act on behalf of the retirement plan. Some Plan Sponsors make such changes through their Council or Board and some HR Directors are authorized to make such changes. In order to change the title of the position authorized to function as the Plan Coordinator, you may need to have your legislative body pass a new resolution to update the title of the position designated. A copy of the authorizing documentation must accompany this form.

**Sample Resolution:**

BE IT FURTHER RESOLVED that the \_\_\_\_\_ (use title of official, not name) shall be the coordinator for the Plan; shall receive reports, notices, etc., from ICMA Retirement Corporation or VantageTrust; shall cast, on behalf of the Employer, any required votes under VantageTrust; may delegate any administrative duties relating to the Plan to appropriate departments; and,

BE IT FURTHER RESOLVED that the Employer hereby authorizes (use title not name) to execute all necessary agreements with ICMA Retirement Corporation incidental to the administration of the Plan.

**Plan Coordinator – Change of the NAME of the Plan Coordinator**

If the name (but not the title) of the person designated as the Plan Coordinator is changing, please complete this form. No additional documentation is required.



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Plan Name: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Number(s): \_\_\_\_\_ State: \_\_\_\_\_

Authorized Contact Name: \_\_\_\_\_

Authorized Contact Title: \_\_\_\_\_

Authorized Contact Signature: \_\_\_\_\_

Authorized Contact Email Address: \_\_\_\_\_

<p><b>Change in TITLE of Plan Coordinator</b></p> <p>(Additional documentation required. See page 1)</p>	<p>Contact Name: _____</p> <p>Contact Title: _____</p> <p>Phone Number: _____ Fax Number: _____</p> <p>Email Address: _____</p>
<p><b>Change in NAME of Plan Coordinator</b></p>	<p>Contact Name: _____</p> <p>Contact Title: _____</p> <p>Phone Number: _____ Fax Number: _____</p> <p>Email Address: _____</p>
<p><b>Comments</b> (Special Instructions)</p>	