

Standalone Investment Update Form



Please note: These changes will NOT affect model portfolio balances or allocations. If changes are needed for models, please submit the Model Portfolio Update Form.

STEP 1 PLAN INFORMATION

Please complete the "Plan List" tab of the "Standalone Investment Update Template", including Plan Name and Plan ID for all affected plans.

STEP 2 IMPLEMENTATION INFORMATION

Requested Effective Date: _____

Choose Only One Option:

Advisor will prepare and distribute participant notices

All required notices related to the requested changes have been provided to all applicable persons/entities. Request must be received minimum 7 days prior to requested effective date and the date cannot fall on a weekend or Market Holiday. Implementation on the requested effective date is contingent on forms being submitted in good order prior to the minimum days as listed above.

Recordkeeper will prepare participant notice to be distributed by the advisor and/or plan sponsor

Request must be received minimum 45 days prior to requested effective date and the date cannot fall on a weekend or Market Holiday. Implementation on the requested effective date is contingent on forms being submitted in good order prior to the minimum days as listed above.

Recordkeeper will prepare and distribute participant notices; additional fees may apply pursuant to agreed upon terms within the applicable services agreements.

Request must be received minimum 45 days prior to requested effective date and the date cannot fall on a weekend or Market Holiday. Implementation on the requested effective date is contingent on forms being submitted in good order prior to the minimum days as listed above.

STEP 3 STANDALONE INVESTMENT CHANGES

Please check all that apply.

No Add or Delete

Add Fund(s) to the specified Plan(s)

Delete & Replace/Map Fund(s) in the specified Plan(s) – If funds with balances or investment elections are being deleted, mapping/replacement is required.

Provide details for the fund changes on the "Standalone Investment Update" Template. Complete the "Fund Add-Delete-Replace" tab including mapping for deleted investments that are set to receive future money or that have an existing balance.

Replacements will result in 100% liquidation of the investment's balance in the plan(s) with the proceeds from that liquidation being invested 100% in the replacement investment and will update the allocation of future money coming into the plan(s).

STEP 4 QUALIFIED DEFAULT INVESTMENT ALTERNATIVE (QDIA) CHANGES

Do any of the above changes affect the plan's default option?

No – Changes listed above do not affect the QDIA

Yes – If the current QDIA was deleted/replaced in the Standalone Investment Changes section, then the QDIA will be updated accordingly.

Additional Options for changes to QDIA

Option 1 - Change the QDIA to the replacement fund listed below:

Ticker Symbol	Cusip	Investment Name

Select One:

- Update for future money Only (will not affect current balances).
- Update for future money and move current balances in the existing default option for participants without an investment election. This change will not impact participants who have affirmatively elected the existing default option.
- Option 2 - Change the QDIA to model portfolio**

This option is only applicable if Plan(s) currently offers Model Portfolios, or if Model Portfolios are being implemented in unison utilizing the "Global Model Portfolio Update" Form.

Select One:

- Update for future money Only (will not affect current balances).
- Update for future money and move current balances in the existing default option for participants without an investment election. This change will not impact participants who have affirmatively elected the existing default option.

Model Portfolio Name	Model ID

Option 3 - Change default to target date/age band investments

Please complete "QDIA Target Date_Age Band" tab of "Standalone Investment Update Template."

Select One:

- Update for future money only (will not affect current balances).
- Update for future money and move the current balances in the existing default option for participants without an investment election. This change will not impact participants who have affirmatively elected the existing default option.

Note: From Age/To Age and From Year (DOB)/To Year (DOB) entries cannot overlap. Please examples below

Correct:

From Age	To Age
21	30
31	40
41	50

Incorrect:

From Age	To Age
20	30
30	40
40	50

Correct:

From Year (DOB)	To Year (DOB)
1920	1956
1957	1974
1975	1998

Incorrect:

From Year (DOB)	To Year (DOB)
1920	1956
1956	1974
1974	1998

STEP 5 CONTACT INFORMATION

- We will send an email confirmation of receipt of this request, within two (2) business days after receipt, to the person named below. If you do not hear from us within this time, please contact us to confirm receipt.
- We will send an email confirmation of the completion of the requested changes within five (5) business days following the requested effective date of the changes. Please review changes online to verify and let us know of any changes or issues related to the request. If you do not hear from us within this timeframe, please contact us.
- If we are not notified of any changes or issues within ten (10) business days following the requested effective date, all changes will be deemed to have been completed correctly, and we shall have no obligation to pay any amounts necessary to correct an error or issue later discovered.

Name (required): _____

Email Address (required): _____

Phone Number: _____

STEP 6 SIGNATURE & ACCEPTANCE

By signing below, the signer represents and warrants that he or she is duly authorized to execute this form on behalf of the applicable Advisory Firm or Strategist Firm and that, on behalf of the Advisory Firm or Strategist Firm, he or she represents and warrants that:

- the requesting person/entity is authorized by the applicable fiduciary(ies) of the plan(s) to make the requested changes;
- to the extent that the "Advisor will prepare and distribute participant notices" option was selected above, all required notices related to the requested changes have been (or will be) provided to all applicable persons/entities in the applicable required timeframe and Recordkeeper shall have no responsibility for preparing or providing any such notices;
- the requesting person/entity has the requisite authority to make the changes requested on this form;
- the changes requested on this form are not prohibited by the affected plans' governing documents or applicable law, regulation, or agreements;
- the requesting party understands and agrees with the responsibilities outlined on this form;
- and the requesting party will indemnify and hold harmless PCS Retirement, LLC ("PCS Retirement"), PCS Retirement's affiliates, and the shareholders, directors, officers, employees, agents, successors, and assigns of each, for any claims arising out of implementation of the requested changes or for failure to correct any error or issue of which PCS Retirement did not receive notice within ten (10) business days following the requested effective date of the changes.

Investment Fiduciary (Advisory Firm or Strategist Firm)

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Signature of Person Representing Investment Fiduciary

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Date (month | day | year)

Printed Name of Signer

Title

Name of Strategist Firm or Advisory Firm