

PLAN SPONSOR INFORMATION

Sponsor Name: _____

Address: _____

County _____

Name & Title of Contact Person: _____

Telephone No.: _____ Company Federal Tax ID #: _____

Plan Federal Tax ID # _____

Plan State ID # _____

Facsimile No. _____ E-Mail Address _____

Date of Incorporation: _____ State of Incorporation: _____

Type of Entity: () Corporation () Partnership () Sole Proprietorship: () Other _____

Do you file as a Subchapter "S" Corporation? () Yes () No

Ending Date of Tax Year: () Cash () Accrual

Description of Type of Business: () Wholesale () Retail

Business Code: _____ Types of Products or Services Sold: _____

Is this part of a Controlled Group or Affiliated Service Group? () Yes () No
(If YES, detail information in "Remarks")

Firm's Accountant: _____

Address: _____

Telephone No.: _____

OFFICER/STOCK OWNERSHIP:

President: _____ % Secretary: _____ %

Vice-President: _____ % Treasurer: _____ %

Stockholders/Partners: _____ % _____ %

_____ % _____ %

Directors: _____ % _____ %

List all related employees (Husband/wife, father/son, etc.):

REMARKS: _____

I hereby certify the information provided above to be complete and accurate.

Date: _____ (Signed): _____