

***** EMPLOYER INFORMATION *****

NAME OF COMPANY: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (if different): _____

E-MAIL ADDRESS OF PLAN CONTACT: _____

COUNTY/STATE OF PRINCIPAL BUSINESS ACTIVITY: _____

EMPLOYER'S TELEPHONE #: _____ **FAX:** _____

BOARD OF DIRECTORS: _____

OFFICERS & TITLE(S): _____

Name, Title & SSN of Officer/Owner signing documents: _____

EMPLOYER'S FISCAL YEAR: _____

DATE OF INCORPORATION OR BUSINESS START UP: _____

If incorporated, was business ever maintained as a sole proprietorship, partnership, or another corporation? _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

TRUST IDENTIFICATION NUMBER: _____

PLAN TRUSTEE(S), NAME OF CORPORATION OR INDIVIDUAL(S)? _____

INVESTMENT BROKER'S NAME, FIRM, ADDRESS, EMAIL & TELEPHONE NUMBER:

Funds are invested with? (i.e. John Hancock; American Funds; Fidelity, etc.) _____

ACCOUNTANT'S NAME, FIRM, ADDRESS, EMAIL & TELEPHONE NUMBER:
