

CONFIDENTIAL EMPLOYER INFORMATION FORM

1. Legal Name of Employer: Phone:
 a. Address: Fax:
 b. City: State: Zip: Business Code:
 c. Mailing Address (if different from above):

2. Contact Name: Phone: Other:
 Email: Fax:

3. Employer Tax ID #: Trust ID # (Existing Plans ONLY):

4. Fiscal Year End:

5. Date of Incorporation/Commencement of Business: State of Incorporation:

6. Type of Business Entity: If Sole Proprietorship, does it have EIN other than SSN: SSN:

7. Nature of Business:

8. List of all Officers, Directors, Stockholders or Partners at the Company:

Name	Title	Officer (Yes/No)	Director (Yes/No)	Partner (Yes/No)	% of Voting Stock Owned

9. List of any spouses, parents & children of owners employed by the company: Total:

Name	Title	% of Voting Stock Owned

10. Does the Employer or any of the shareholders (or their spouses/children under age 21) own any interest in another business
 If Yes, complete the following information (attach additional lists if necessary):

Company: Business Relationship:

Names of Owners:

% Ownerships: Employees:

If Yes, complete the following information:

Company: Business Relationship:

Names of Owners:

% Ownerships: Employees:

11. Does the Employer currently maintain/or has the Employer ever maintained another qualified retirement Plan?

If Yes, check plan types:

Defined Benefit	Profit Sharing Plan/401(k)	Money Purchase	Cafeteria (Section 125)
Cash Balance	401(k)	SEP/IRA	Simple IRA
Other _____			

12. Does the Employer contribute to any union plan on behalf of its Employees?

13. If you are in the entertainment business, are there guild plans to which contributions are made on your behalf?

If Yes, indicate which plan and provide the most recent guild statement(s):

SAG-AFTRA	DGA-Producer	Producer-Writers	Other
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14. Does your company employ any additional employees that are not listed on the employee census, for example, union, leased or expense shared employees?

If Yes, list the name of the retirement plan that covers these employees:

15. Is the Employer's primary business the performance of management services for another entity, or does the Employer receive services from a company whose primary business is management services for this Employer?

16. Accountant:

Phone:

Firm:

Email:

Address:

City:

State:

Zip:

Would you like them to receive copies of ALL correspondence from our office?

17. Attorney:

Phone:

Firm:

Email:

Address:

City:

State:

Zip:

Would you like them to receive copies of ALL correspondence from our office?

18. Investment Advisor/Insurance Agent:

Phone:

Firm:

Email:

Address:

City:

State:

Zip:

Would you like them to receive copies of ALL correspondence from our office?

19. Other:

Phone:

Firm:

Email:

Address:

City:

State:

Zip:

Would you like them to receive copies of ALL correspondence from our office?

20. If this is a new plan, indicate proposed plan trustees:

I hereby certify that I have completed this form in its entirety, and to the best of my knowledge, the information provided in this form is correct and true.

Name:

Title:

Signature:

Date:

Email:

Phone: