

BASIC PLAN SPONSOR INFORMATION

1. Name of Adopting Employer (Plan Sponsor): _____

2. Street Address: _____

3. City: _____ 4. State: _____ 5. Zip _____

6. Phone number: _____ 7. Fax number: _____

8. Company Tax ID Number: _____ 9. Firm's Fiscal Year End: _____

10. Type of Firm (check off one):

C Corporation S Corporation Non Profit Organization

Partnership Limited Liability Company Limited Liability Partnership

Sole Proprietorship Union Government Agency

Other: _____

11. State of Organization of Firm: _____

12a. The Plan Sponsor is a member of an Affiliated Service Group: Yes No

12b. If 12a is "Yes", list all members of the group (other than the Plan Sponsor): _____

13a. The Plan Sponsor is a member of a Controlled Group: Yes No

13b. If 13a is "Yes", list all members of the group (other than the Plan Sponsor): _____

14. Has the Firm Ever Sponsored a Qualified Plan, other than this Plan? If yes, please provide plan name, effective date, plan number, type of plan, and whether the plan is still in effect. _____
