

ANNUAL INFORMATION REPORT

The following information is necessary in order for us to properly administer your retirement plan(s). Please complete the information carefully, and sign the bottom of the last page to confirm that the information is correct. Please note corrections where applicable. You must answer all questions.

1. General Information

Company/Organization Name (exact legal name)

Mailing Address

Phone Number _____ Fax Number _____

E-mail Address _____

2. Employer ID# _____ **Plan/Trust ID#** _____

3. Form of Business: ___ C Corp ___ S Corp ___ LLC
___ Partnership ___ Sole Proprietorship ___ Other: _____

4. Fidelity Bond Amount _____ **5. Fiscal Year** _____

6. Accountant Information (if any)

Name/Mailing Address _____ E-mail Address _____

_____ Phone Number _____

_____ Fax Number _____

7. Registered Investment Advisor Information (if any)

Name/Mailing Address _____ E-mail Address _____

_____ Phone Number _____

_____ Fax Number _____

8. Owners/Officers *Ownership % must total 100%*

Name	Officer	Ownership%
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9. Family Members *(Please indicate all family members of those listed in #8 that are employed by the company. Please list the relationship to which owner as well as how they are related.)*

10. Do any of the owners listed in #8 above own a portion of any other business?

- Yes (If YES, please list all other businesses and required information on separate attachment.)
- No

11. Prevailing Wage (The prevailing wage obligation must be taken into account when bidding on a federal government construction job)

- Check here if your company performs any jobs on a prevailing wage basis
- Check here if you currently deposit any prevailing wage contributions into your retirement plan

12. Payroll Information (If you process payroll in-house, simply indicate "in-house")

Please attach a copy of the Form W-3 – Transmittal of Wage and Tax Statements for the current calendar year.

Payroll Company: _____

Payroll Frequency: Weekly Bi-Weekly Semi-Monthly Monthly Other- _____

Last pay date for the plan year: _____

13. Does your Company sponsor any other qualified employee retirement plans not administered by us?

- Yes (Please indicate type(s) of plan(s): _____)
- No

14. Does your Company sponsor a cafeteria plan (IRC 125) or other pre-tax insurance premium plan?

- Yes
- No

I hereby certify that the information contained above is accurate to the best of my knowledge.

Signature of Employer/Trustee

Date