Employer Information Form

1. Name	Company Name			
2. Company Address	Street No. and Name			Suite No.
	City	State	Zip	County
3. Contact	Primary Contact	Phone	Email	

4. Tax ID Number

5. Business Code (6 digit NAICS)

6. Type of Entity

- ❑ Sole Proprietorship
- ❑ Partnership
- ❑ C Corporation
- ❑ S Corporation
- ❑ Limited Liability Company (LLC)
- ❑ Limited Liability Partnership (LLP)
- ❑ Not for Profit Corporation
- ❑ Professional Service Corporation
- ❑ Medical Corporation
- ❑ Other-Explain

7. List the owners of the Employer and what percentages they own:
_____
_____

8. Does the employer have ownership in any other company? _____ If yes, please attach explanation.

9. Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
_____

10. Has the employer ever maintained another qualified plan? _____ If so, how many? _____ Has the employer ever maintained a Defined Benefit Plan? _____

11. Employer fiscal year: ____ / ____ to ____ / _____

12. Date business commenced: ____ / ____/ _____

_____

I certify that the information above is to the best of my knowledge accurate, complete and correct.

DATE

SIGNATURE

TITLE