

BASIC PLAN SPONSOR INFORMATION

Complete and return to Employee Benefit Systems by email using info@ebspension.com, or fax (570-223-6815), or mail to Employee Benefit Systems, Inc. at PO Box 609 in Kresgeville, PA 18333-0609.

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. _____

