

PROFESSIONAL AND FINANCIAL ADVISORS

CPA _____ Telephone # _____

ATTORNEY _____ Telephone # _____

PRINCIPAL BANK _____ Telephone # _____

IS THE PLAN INSURED BY A FIDELITY BOND? _____

Name of Surety Company: _____

Amount of Coverage: _____

PREDECESSOR COMPANIES:

From: To: Name:

CONTROLLED GROUPS / SUBSIDIARIES / AFFILIATED SERVICE GROUPS:

Legal Name of Company _____

Address _____

Address _____

Employer Identification Number (EIN) _____

NAME TITLE %STOCK

NAME TITLE %STOCK

NAME TITLE %STOCK

Legal Name of Company _____

Address _____

Address _____

Employer Identification Number (EIN) _____

NAME TITLE %STOCK

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CONTROLLED GROUPS / SUBSIDIARIES / AFFILIATED SERVICE GROUPS:

Legal Name of Company _____

Address _____

Address _____

Employer Identification Number (EIN) _____

NAME	TITLE	%STOCK
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NAME	TITLE	%STOCK
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NAME	TITLE	%STOCK
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WHO WILL BE THE TRUSTEES OF THIS PLAN? Individuals (s)

WHO WILL BE THE MEMBERS OF THE ADVISORY COMMITTEE?

LIST ANY OTHER QUALIFIED PLANS: (List Name and Type of Plan)

PLEASE LIST ANY FAMILY GROUP MEMBERS AND THEIR RELATIONSHIP
(Such as Husband, Wife, Son; Brother, Sister; Father, Son; etc.)

ANY ADDITIONAL COMMENTS: _____
