

PEERY & ASSOCIATES, INC.
Retirement Plan Administration & Consulting

Plan Information Form

General Plan Data

Company Name: _____

Company Address: _____

Phone: _____ Fax: _____

E-mail: _____

Plan Name: _____

Plan Address & Phone (only if different from above): _____

Business Type (c-corp; s-corp; partnership): _____

Inc. Date: _____ Plan Effective Date: _____

Fiscal Year end: _____ Plan Year end: _____

EIN#: _____ TIN#: _____

Trustee Name: _____

Contact Information (Please list for all departments)

o Contact Name: _____

Department (i.e. Human Resources; Payroll; etc.): _____

Phone: _____ ext. _____ Fax: _____

E-mail: _____

Address: _____

o Contact Name: _____

Department (i.e. Human Resources; Payroll; etc.): _____

Phone: _____ ext. _____ Fax: _____

E-mail: _____

Address: _____

Funding Vehicle/Broker Information

Company (i.e. MFS; etc.): _____

Broker Name: _____

Phone: _____ Fax: _____

Address: _____