

PRB ADMINISTRATORS INCORPORATED

475 Park Avenue South, 18th Floor
New York, NY 10016-6901
(212) 867-7730 Fax (212) 682-1129

EMPLOYER INFORMATION
(to be completed by Employer and/or Advisor)

1. Legal name of Employer:

Name: _____

Mailing Address: _____

Phone#: _____ Fax#: _____ E-mail: _____

2. Person to contact for information:

Name: _____

Phone#: _____ Fax#: _____ E-mail: _____

3. Accountant:

Name: _____

Firm Name: _____

Mailing Address: _____

Phone#: _____ Fax#: _____ E-mail: _____

4. Attorney:

Name: _____

Firm Name: _____

Mailing Address: _____

Phone#: _____ Fax#: _____ E-mail: _____

5. Employer identification #:

6. Date business commenced/incorporated:

7. Accounting basis: *(select with "X")*

Cash Accrual

8. Fiscal year end:

9. Nature of Business: *(Include the business code that appears in the federal income tax return.)*

10. Type of Business: *(select with "X")*

- Corporation Partnership "S" Corporation Limited Liability Company
Sole Proprietorship Association Professional Corp. Limited Liability Partnership

11. Does the Employer have any leased employees? *(select with "X")*

- Yes No

If "Yes," please list name(s) of the pension plans covering these employees below:

12. Does the Employer maintain a cafeteria plan? *(select with "X")*

- Yes No

13. Does the Employer or any of its owners have a direct or indirect ownership interest in any other business (whether incorporated or not)? *(select with "X")*

- Yes No *(If you answer this question "No" skip to item 14.)*

List the name of each business below:

Complete a RECORD OF OWNERS, OFFICERS, AND DIRECTORS FORM and an EMPLOYEE CENSUS REPORT for the other business(es) listed above.

14. Is the Employer's principal function to provide management services for any other business? *(select with "X")*

- Yes No *(If you answer this question "No" skip to item 15.)*

List the name of each business for whom the Employer performs management functions below:

Complete a RECORD OF OWNERS, OFFICERS, AND DIRECTORS FORM and an EMPLOYEE CENSUS REPORT for the other business(es) listed above.

15. Do the terms of any collective bargaining agreement require you to cover union employees in a retirement plan of the Employer? *(select with "X")*

- Yes No

(If yes, identify the union employees in the EMPLOYEE CENSUS REPORT.)

16. **Trustees of the Plan:** *(List name(s) and social security number(s).)*

17. **Does the Employer presently, or did the Employer at any time during the last 5 years, maintain any other qualified retirement plans?** *(select with "X")*

Yes No

18. **Total employee count:**

- A. Total employees during plan year: _____
- B. # of excluded union employees*: _____
- C. Subtract B from A _____

The number in item C. above should agree with the number of employees listed in the EMPLOYEE CENSUS REPORT.

** Employees whose employment is covered by a collective bargaining agreement under which the matter of pension benefits was the subject of good faith bargaining are excludible from coverage by a plan provided that the collective bargaining agreement does not require the Employer to cover these employees.*

Answers Confirmed by:

_____	_____	_____
Signature	Title	Date

NOTE: *All questions must be completed and answered in their entirety.
Record of Owners, Officers, and Directors must be completed.
Employee Census Report must also be completed.*

