

E.I.P., Inc.
700 Larkspur Landing Circle, Suite 108
Larkspur, CA 94939
(415)461-3604 Fax (415)461-3607

EMPLOYER INFORMATION FORM

Relative To The Adoption Or Prospective Adoption Of A Retirement Plan

1. Legal Name of Employer: _____

Db, if any _____

Address _____

City/State _____ Zip _____

Attention _____

Phone () _____ Fax () _____

E-mail _____

2. Legal Counsel: _____

Name _____

Firm _____

Address _____

City/State _____ Zip _____

Attention _____

Phone () _____ Fax () _____

E-mail _____

3. Accountant: (copies will be sent) _____

Name _____

Firm _____

Address _____

City/State _____ Zip _____

Attention _____

Phone () _____ Fax () _____

E-mail _____

Accounting Basis: Accrual _____ Cash _____

4. Name of Predecessor Business (if any): _____

5. Date Business Began ____ / ____ / ____ State ____ Date of Incorporation ____ / ____ / ____

6. Fiscal Year End ____ / ____ / ____ Plan Year End ____ / ____ / ____

Entity (circle one) Corporation, Professional Corporation, Sub-S Corporation, Sole-Proprietorship, Partnership, Association, Partnership of Corporations, Joint Venture, Limited Liability Company

7. Employer Tax ID No.: _____

State Tax ID No.: _____ Trust ID No.: _____

Continued on back ⇨

8. Nature of Employer's Business (Professional, give specialty): _____

Business Code (if known): _____

9. Are there now, or were there ever, any qualified retirement plans (SEP, SARSEP, Keogh, Profit Sharing, Money Purchase Pension, Defined Benefit Pension) maintained by this employer or a predecessor of this Employer?

Yes _____ No _____

If yes, please provide the following data:

| Name of Plan & Plan Type | 3-Digit Plan # | Active? Yes/No |
|--------------------------|----------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

10. Are union employees used by this employer? Yes _____ No _____

11. Are leased employees used by the employer? Yes _____ No _____

12. Are there subsidiary or affiliated companies? Yes _____ No _____

If yes, please explain (attach sheet if necessary): _____

13. Do partners, owners or officers own Interest in any other business? Yes _____ No _____

If yes, please explain (attach sheet if necessary): _____

14. If this is a partnership, list partners and percentages owned: _____

15. List Family Members Employed by the Business:

16. List Plan Trustee(s):

1. _____
2. _____
3. _____

17. List Officers of the Co.:

President: _____

Secretary: _____

Other: _____

18. List Board of Directors:

President: _____

Secretary: _____

Other: _____

19. Person To Contact for Employee Data: _____

I hereby state that the information contained herein is correct to the best of my knowledge.

Authorized Signature of Employer

Date

Completed by

Date

01/7/04

CENSUS INSTRUCTIONS

EMPLOYEE CENSUS

On the census request form, please be sure to list **ALL** employees who have worked during the plan year, even if they are part-time or have terminated their employment.

It is also especially important that you indicate if an employee has been re-hired or is on maternity or paternity leave.

ELIGIBLE COMPENSATION MEANS TAXABLE W-2 WAGES ACTUALLY PAID.

- Please be sure to double check the pre-printed dates-of-birth and dates-of-hire on the enclosed census and complete these items for all new hires.
- For employees who work 1,000 hours or more, simply enter “1,000” in the “hours” column.
- For employees who work less than 1,000 hours, enter their actual number of hours worked.
- The blank pages are provided for information on employees who were hired during the year or who do not appear on the pre-printed list.

If you have any questions regarding the items on the enclosed census, please do not hesitate to call us.

