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Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Under Section 6057 of the Internal Revenue Code

PART I Annual Statement Identification Information

For the plan year beginning _____, and ending _____

- A Check here if plan is a government, church, or other plan that elects to voluntarily file Form 8955-SSA. (See instructions.)
- B Check here if this is an amended registration statement.
- C Check the appropriate box if filing under: Form 5558 Automatic extension
 Special extension (enter description) _____

PART II Basic Plan Information - enter all requested information

1a Name of plan _____ 1b Plan Number (PN) _____

Plan Sponsor Information

2a Plan sponsor's name _____ 2b Employer Identification Number (EIN) _____

2c Trade name (if different from plan sponsor name) _____ 2d Plan sponsor's phone number _____

2e In care of name _____

2f Mailing address (room, apt., suite no. and street, or P.O. Box) _____ 2g City _____ 2h State _____ 2i ZIP code _____

2j Foreign province (or state) _____ 2k Foreign country _____ 2l Foreign postal code _____

Plan Administrator Information

3a Plan administrator's name (if other than plan sponsor) _____ 3b Employer Identification Number (EIN) _____

3c In care of name _____ 3d Plan administrator's phone number _____

3e Mailing address (room, apt., suite no. and street, or P.O. Box) _____ 3f City _____ 3g State _____ 3h ZIP code _____

3i Foreign province (or state) _____ 3j Foreign country _____ 3k Foreign postal code _____

4 If the name or EIN of the **plan administrator** has changed since the last return filed for this plan, enter the name and EIN from the last filed return:
Plan administrator's name _____ EIN _____

5 If the name or EIN of the **plan sponsor** has changed since the last return filed for this plan, enter the name, EIN, and plan number from that return:
Plan sponsor's name _____ EIN _____ Plan Number (PN) _____


6 a. Participants who separated with a deferred vested benefit required to be reported on this Form 8955-SSA **6a** _____

b. Participants who separated with a deferred vested benefit voluntarily reported on this Form 8955-SSA in the same year as the separation occurred **6b** _____

7 Total number of participants reported on lines 6a and 6b **7** _____

8 Did the plan administrator provide an individual statement to each participant required to receive a statement? Yes No

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here 	Signature of plan sponsor	Date signed	Signature of plan administrator	Date signed

