Form **5307**
(Rev. August 1979)
Department of the Treasury
Internal Revenue Service

Short Form Application for Determination for Employee Benefit Plan

(Other than Plans that Include Self-employed Individuals)

(Under sections 401(a) and 501(a) of the Internal Revenue Code)

For IRS Use Only
File folder number ▶

▶ Please complete every item on this form. If an item does not apply, enter N/A.

1 (a) Name, address and ZIP code of employer

Telephone number ▶ ( )

(b) Name, address and ZIP code of plan administrator, if other than employer

Telephone number ▶ ( )

2 (a) Employer's identification number

(b) Employer's tax year ends

3 Administrator's identification number

(c) Name, address and phone number of person to be contacted if more information is needed:

Name ▶ Telephone number ▶ ( )
Address ▶

4 Determination requested for:
(a) (i) ☐ Initial qualification—date plan adopted ▶
(ii) ☐ Amendment—date adopted ▶
(iii) If (ii) is checked, enter file folder number ▶
(b) Were employees who are interested parties given the required notification of the filing of this application? ☐ Yes ☐ No

5 Check appropriate box to indicate the type of plan entity:
(a) ☐ Single-employer plan
(b) ☐ Plan of controlled group of corporations or of common control employers
(c) ☐ Multiple-employer plan
(d) ☐ Church
(e) ☐ Governmental organization
(f) ☐ Other (specify) ▶

6 (a) Name of plan
(b) Plan number ▶
(c) Plan year ends ▶

7 (a) This is a:
(i) ☐ Master or prototype plan
(ii) ☐ Field prototype plan
(iii) ☐ Other (see instructions)
(b) Letter serial number or notification letter number

8 (a) Defined benefit plan—Indicate whether:
(i) ☐ Unit benefit
(ii) ☐ Fixed benefit
(iii) ☐ Flat benefit
(iv) ☐ Other (specify) ▶

(b) Defined contribution plan—Indicate whether:
(i) ☐ Profit-sharing
(ii) ☐ Money purchase
(iii) ☐ Stock bonus
(iv) ☐ Target benefit

(c) (i) If 8(a) (i), (ii), (iii), or (iv) is checked, is this a defined benefit plan covered under the Pension Benefit Guaranty Corporation termination insurance program? ☐ Yes ☐ No ☐ Not determined
(ii) If 4(a) (ii) and 8(b) (i), (ii), (iii), or (iv) are checked, was the plan covered by the termination insurance program prior to the amendment? ☐ Yes ☐ No

9 Effective date of plan

10 Effective date of amendment

11 Date plan was communicated to employees ▶
How communicated ▶

12 Integration:
Is this plan integrated with Social Security or Railroad Retirement? ☐ Yes ☐ No