SCHEDULE SSA
(Form 5500)

Department of the Treasury
Internal Revenue Service

Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Under Section 6057(a) of the Internal Revenue Code
▶ File as an attachment to Form 5500, 5500–C or 5500–K.

1979

This Form is NOT Open to Public Inspection

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For the calendar year 1979 or fiscal plan year beginning , 1979 and ending , 19

▶ This form must be filed for each plan year in which one or more participants with deferred vested benefit rights separated from the service covered by the plan. See instructions on when to report a separated employee.

1 (a) Name of sponsor (employer if for a single employer plan)

1 (b) Sponsor's employer identification number

Address (number and street)

City or town, State and ZIP code

1 (c) Is this a plan to which more than one employer contributes? . . . . ☐ Yes ☐ No

2 (a) Name of plan administrator (if other than sponsor)

2 (b) Administrator's employer identification no.

Address (number and street)

City or town, State and ZIP code

3 (a) Name of plan

3 (b) Plan number ▶

4 Have you notified each separated participant of his/her deferred benefit? . . . . . ☐ Yes ☐ No

5 Separated participants with deferred vested benefits (if additional space is required see instruction, What to File):