Official Use Only

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 unless box 1b is checked.

OMB No. 1210-0110

2001

This Form is NOT Open to Public Inspection.

For calendar plan year 2001 or fiscal plan year beginning MM / DD / YYYY and ending MM / DD / YYYY

A Name of plan

C Plan sponsor's name as shown on line 2a of Form 5500

B Three-digit plan number

D Employer Identification Number

1a ☐ Check here if additional participants are shown on attachments. All attachments must include the sponsor's name, EIN, name of plan, plan number, and column identification letter for each column completed for line 4.

1b ☐ Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 2 through 3c, and the signature area. Otherwise, complete the signature area only.

2 Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.)

City or town | State | ZIP code

3a Name of plan administrator (if other than sponsor)

3b Administrator's EIN

3c Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.)

City or town | State | ZIP code

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

Signature of plan administrator

Phone number of plan administrator

Date MM / DD / YYYY

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4 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits that:
Code A -- has not previously been reported.
Code B -- has previously been reported under the above plan number but requires revisions to the information previously reported.
Code C -- has previously been reported under *another* plan number but will be receiving their benefits from the plan listed above instead.
Code D -- has previously been reported under the above plan number but is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"

(a) Entry code

(b) Social security number ___-__-____

(c) Name of participant (First) (M. I.) (Last)

Use with entry code "A" or "B"

Enter code for nature and form of benefit		Amount of vested benefit		
			Defined contribution plan	
(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	(g) Units or shares	Share indicator
			(h) Total value of account	

Use with entry code "C"

(i) Previous sponsor's employer identification number ___-_____

(j) Previous plan number

Use with entry code "A", "B", "C", or "D"

(a) Entry code

(b) Social security number ___-__-____

(c) Name of participant (First) (M. I.) (Last)

Use with entry code "A" or "B"

Enter code for nature and form of benefit		Amount of vested benefit		
			Defined contribution plan	
(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	(g) Units or shares	Share indicator
			(h) Total value of account	

Use with entry code "C"

(i) Previous sponsor's employer identification number ___-_____

(j) Previous plan number

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