

Application for Determination for Employee Benefit Plan

OMB No. 1545-0197

(Under section 401(a) and 501(a) of the Internal Revenue Code)
▶ Information about Form 5300 and its instructions is at www.irs.gov/form5300.

Review instructions and the Procedural Requirements Checklist before completing this application.
Submit all required attachments.

For Internal Use Only

Complete lines 1j–1m and 2h–2k only if you have a foreign address. See instructions.

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

b Address of plan sponsor

c City

d State

e Zip code

f Employer identification number (EIN)

g Telephone number

h Fax number

i Employer's tax year end (MM)

j City or town

k Country name

l Province/country

m Foreign postal code

2a Person to contact. If a Form 2848 or Form 8821 is attached, mark box, and do not complete lines 2a–2k.
Contact person's name

b Contact person's address

c City

d State

e Zip code

f Telephone number

g Fax number

h City or town

i Country name

j Province/country

k Foreign postal code

If more space is needed for any item, attach additional sheets the same size as this form. Identify each additional sheet with the plan sponsor's name and EIN and identify each item.

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

SIGN HERE ▶ _____

Date ▶

Type or print name

Type or print title

3a Name of plan (plan name cannot exceed 70 characters, including spaces):

b Enter 3-digit plan number **c** Enter the month in which the plan year ends (MM)

d Enter plan's original effective date **e** Enter number of participants
 If 100 or fewer, complete lines 3f and 3g. Otherwise, go to line 4a.

f **Yes** **No** Does the plan sponsor have 100 or fewer employees who received \$5,000 or more of compensation for the preceding year?

g Is at least one employee a non-highly compensated employee?

4a Determination requested for (enter applicable number in box):
 1 – Initial Qualification – New Plan **2** – Initial Qualification – Existing Plan
 3 – Plan authorized to apply under current IRS guidance (attach required statement)

b If line 4a is "1," enter the date the plan was originally adopted.

5 Indicate the type of plan by entering the number from the list below.
 (Use the lowest number applicable to your plan)
1 – Pension Equity Plan (PEP) **5** – ESOP (see instructions) **9** – 401(k)
2 – Cash balance conversion **6** – Money purchase **10** – Profit sharing plan
3 – Cash balance (nonconversion) **7** – Target benefit
4 – Defined benefit but not cash balance **8** – Stock bonus

- Yes** **No**
- 6** Is this a governmental plan under section 414(d)?
 - 7** Is this a church plan under section 414(e) that hasn't elected to have participation, vesting, funding, etc., provisions apply in accordance with section 410(d)?
 - 8** Does this plan benefit any collectively bargained employees under Regulations section 1.410(b)-6(d)(2)?
 - 9** Is this an insurance contract plan under section 412(e)(3)?
 - 10** Is this a multiemployer plan under section 414(f)?
 - 11** Is this a multiple employer plan under section 413(c)?
 - 12** Have interested parties been given the required notification of this application? (attach statement)
 - 13** Is this an election for a determination regarding a design-based safe harbor? (attach statement)
 - 14** Does this plan utilize the permitted disparity rules of section 401(l)?
 - 15** Is this plan part of an offset arrangement with any other plans? (attach statement)
 - 16** Is this plan part of an eligible combined plan under section 414(x)? (attach statement)
 - 17** Has this plan been involved in a merger, consolidation, spinoff, or transfer of plan assets or liabilities? (attach statement)
 - 18** Has the plan been amended or restated to change the plan type? (attach statement)
 - 19** Is any issue involving this plan currently pending? If "Yes," attach the required statement. See instructions.

Procedural Requirements Checklist

Use this list to ensure that your application package is complete. The application will be reviewed to determine if it is complete. If your application is incomplete, it will be closed, in which case it won't be returned and any user fee won't be refunded. See Rev. Proc. 2016-6, 2016-1 I.R.B. 200 (updated annually).

- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you filing the January 2017 version of Form 5300? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Is Form 8717, User Fee for Employee Plan Determination Letter Request, attached to your submission and signed and dated if the application is exempt from the user fee? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Is the appropriate user fee for your submission attached to Form 8717 or the payment confirmation number from <i>www.pay.gov</i> as described in section 9.04 of Rev. Proc. 2016-8, 2016-1 I.R.B. 243 (updated annually)? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Is Form 2848, Power of Attorney and Declaration of Representative, Form 8821, Tax Information Authorization, or a privately designed authorization attached? (For more information, see the Disclosure Request by Taxpayer in the instructions and Rev. Proc. 2016-4, 2016-1 I.R.B. 142, updated annually.) If the authorized representative would like to receive notices and communications, check the box on Form 2848, line 2, for each individual. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Is a copy of the current plan document attached? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Are copies of any plan amendments attached? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Is the EIN of the plan sponsor/employer entered on line 1f (NOT the trust EIN)? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have interested parties been given the required notification of this application? Complete line 12 and attach statement. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | If line 13 is "Yes," have you attached the required statement? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | If line 15 is "Yes," have you attached the required statement? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | If line 16 is "Yes," have you attached the required statement? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | If line 17 is "Yes," have you attached the required statement and additional documents? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | If line 18 is "Yes," have you attached the required statement? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | If line 19 is "Yes," have you attached the required statement? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Is the application signed and dated by an authorized officer/representative of the plan sponsor? (Stamped signatures aren't acceptable; see Rev. Proc. 2016-4, updated annually.) |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Are all Form 5300 questions answered? |

Note: All questions must be answered to process your application.