

# Identification of Separated Participants With Deferred Vested Benefits

# 1976

This Form is NOT Open  
to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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For the calendar year 1976 or fiscal plan year beginning \_\_\_\_\_, 19 \_\_\_\_\_ 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.

<b>1 (a)</b> Name of sponsor (employer if for a single employer plan)	<b>1 (b)</b> Employer identification number
Address (number and street)	
City or town, State and ZIP code	

<b>2 (a)</b> Name of plan administrator (if other than sponsor)	<b>2 (b)</b> Administrator's employer identification no.
Address (number and street)	
City or town, State and ZIP code	

<b>3 (a)</b> Name of plan	<b>3 (b)</b> Plan number ▶
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**4** Does the plan provide a death benefit payable prior to the normal retirement age for separated participants? . . .  Yes  No

**5** Enter the normal retirement age under the plan . . . . . ▶

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

7 Separated participants with deferred vested benefits:				Amount of vested benefit		
(a) Social Security Number	(b) Name of participant	Nature and form of benefit code		(e) Defined benefit plan—periodic payment	Defined contribution plan	
		(c) Type of annuity	(d) Payment frequency		(f) Units or shares	(g) Total value of account

**8** 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.

## General Instructions

**Note:** Please type or print all information and submit original copy only.

**Who Must File.**—The plan administrator must file this form for any plan year beginning after December 31, 1975 if during such plan year:

- (1) a participant(s) separated from the service covered by the plan,
- (2) such participant(s) is entitled to a deferred vested benefit under the plan, and
- (3) retirement benefits were not paid under the plan during such plan year to such participant(s).

If all three above conditions are not present with respect to one or more separated participants, do not file this form.

**Who May File.**—Voluntary reports may be filed with respect to the deferred vested benefit rights of any participant separated from the service covered by the plan during any plan year to which the Employee Retirement Income Security Act of 1974 does not apply.

**What to File.**—File this schedule and complete all items. If you need more space, use additional copies of Schedule SSA, completing only items 1, 3 and 7 of the additional copies.

**When to File.**—File with IRS only as an attachment to Form 5500, 5500-C or 5500-K.

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## Specific Instructions

**6.** A "Yes" check means that you have complied with the requirements of section 6057(e) of the Internal Revenue Code. The notification to each participant must include the information set forth on this schedule and the information with respect to any contributions made by the participant and not withdrawn by the end of the plan year.

**7(a).** Please be careful to enter the exact social security number of each participant listed.

**7(b).** Enter each participant's name exactly as it appears on the participant's social security card.

**7(c).** From the following list select the code that describes the type of annuity that will be provided for the participant.

- A** A single sum
- B** Payable over fixed number of years
- C** Life annuity
- D** Life annuity with period certain
- E** Cash refund life annuity
- F** Modified cash refund life annuity
- G** Joint and last survivor life annuity
- M** Other

**7(d).** From the following list select the code that describes the payment frequency during a 12-month period.

- A** Lump sum
- B** Annually
- C** Semi-annually
- D** Quarterly
- E** Monthly
- M** Other

**7(e).** In case of defined benefit plans, enter the amount of the periodic payment that will be made to the participant at normal retirement age.

**7(f).** In the case of a defined contribution plan, if the plan states that a participant's share of the fund will be determined on the basis of units, enter the number of units credited to the participant.

If under the plan participation is determined on the basis of shares of stock of the employer, enter the number of shares and add the letter "S" to indicate shares. A number without the "S" will be interpreted to mean units.

**7(g).** In case of defined contribution plans, enter the value of the participant's account at the time of separation.

**8. Signature.**—This form must be signed by the plan administrator. If more than one Schedule SSA is filed for one plan, only page one should be signed.