



A. NAME OF APPLICANT: _____

1. Please complete the following information regarding the **Applicant's** employee benefits plan(s).

Plan name	Type of plan*	Plan assets (current year)	Plan assets (prior year)	Number of plan participants

*Types of Plans: Health and Welfare Plan = HWP Employee Stock Ownership Plan = ESOP
 Defined Contribution Plan = DCP Excess Benefit Plan or Top Hat Plan = EBP
 Defined Benefit Plan = DBP Other--please explain: _____

2. Does the **Applicant**:

(a) Use an outside investment manager(s)? Yes No
 If "Yes," please list the name and number of years engaged for each: _____

(b) Give any outside investment manager(s) discretionary control over the investing of some or all of the **Applicant's** plan assets? Yes No

(c) Handle any investment decisions in-house? Yes No
 If "Yes," please describe: _____

(d) Have any outstanding delinquent contributions to any plans? Yes No
 If "Yes," please explain: _____

3. In the past three (3) years, has the **Applicant** merged or terminated any plan(s)? Yes No
 If "Yes," please explain and include the name of the insurer if benefits were secured by the purchase of annuities:

4. Do each of the **Applicant's** plans conform to the standards of eligibility, participation, vesting and other provisions of ERISA? Yes No
 If "No," please explain: _____

5. Have the **Applicant's** plans been reviewed to assure that there are no violations of any plan trust agreements, prohibited transactions or party-in-interest rules? Yes No
 If "No," please explain: _____

6. Has there been any assessment of penalties against any plan in compliance with an IRS Closing Agreement Program (CAP) or any other similar program? If "Yes," please attach an explanation. Yes No

NOTICE: Please attach the following additional required information: Most recent Form 5500 for all plans.