

**SCHEDULE SSA  
(Form 5500)**

**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.**

Department of the Treasury  
Internal Revenue Service

Official Use Only

OMB No. 1210-0110

**2003**

**This Form is NOT Open  
to Public Inspection.**

For calendar plan year 2003 or fiscal plan year beginning \_\_\_\_\_, and ending \_\_\_\_\_,

|   |   |  |
|---|---|--|
| <b>A</b> Name of plan   | <b>B</b> Three-digit plan number ▶      |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 | <b>D</b> 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, and 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, and 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.

**SIGN HERE** Signature of plan administrator ▶ \_\_\_\_\_

Phone number of plan administrator ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v6.1 Schedule SSA (Form 5500) 2003



- 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<br>"A", "B", "C", or "D"            |  |  | Use with entry code<br>"A" or "B"         |                          |   |
|-------------------|-------------------------------|---|--|--|---|--------------------------|---|
| (a)<br>Entry Code | (b)<br>Social Security Number | (c)<br>Name of Participant<br><br>(First) (M.I.) (Last) |  |  | Enter code for nature and form of benefit |                          | (f)<br>Amount of vested benefit<br><br>Defined benefit plan -- periodic payment |
|                   |                               |   |  |  | (d)<br>Type of annuity                    | (e)<br>Payment frequency |   |
|                   |                               |   |  |  |   |                          |   |
|                   |                               |   |  |  |   |                          |   |
|                   |                               |   |  |  |   |                          |   |
|                   |                               |   |  |  |   |                          |   |

|                   |                          | Use with entry code<br>"A" or "B" |                               |  | Use with entry code<br>"C"  |  |
|-------------------|--------------------------|-----------------------------------|-------------------------------|--|-----------------------------|--|
| (a)<br>Entry Code | Amount of vested benefit |                                   | (h)<br>Total value of account | (i)<br>Previous sponsor's employer identification number | (j)<br>Previous plan number |  |
|                   | (g)<br>Units or shares   | Share indicator                   |                               |  |                             |  |
|                   |                          |                                   |                               |  |                             |  |
|                   |                          |                                   |                               |  |                             |  |
|                   |                          |                                   |                               |  |                             |  |
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