

(a) Name

Grid for name entry

(b) Employer identification number (see instructions)

Grid for employer identification number

(c) Official plan position

Grid for official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest

Grid for relationship to employer

(e) Gross salary or allowances paid by plan

Grid for gross salary or allowances paid by plan

(f) Fees and commissions paid by plan

Grid for fees and commissions paid by plan

(g) Nature of service code(s)

Grid for nature of service code(s)

(see instructions)

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(see instructions)

FOR INFORMATION PURPOSES ONLY. DO NOT USE FOR FILING

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Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name

(b) EIN (c) Position

(d) Address Street Address City State Zip Code

(e) Telephone No.

E
X
P
L
A
N
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N

(a) Name

(b) EIN (c) Position

(d) Address Street Address City State Zip Code

(e) Telephone No.

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