

**SCHEDULE SSA
(Form 5500)**

**Annual Registration Statement Identifying Separated
Participants With Deferred Vested Benefits**

Official Use Only
OMB No. 1210-0110
2005
**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 as an attachment to Form 5500 unless box 1 is checked.**

For calendar plan year 2005
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

A Name of plan

Grid for Name of plan

C Plan sponsor's name as shown on line 2a of Form 5500

Grid for Plan sponsor's name

B Three-digit
plan number ▶

Grid for Three-digit plan number

D Employer Identification Number

Grid for Employer Identification Number

1 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.

2 Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.)

Grid for Plan sponsor's address

City or town

State

ZIP code

Grid for City, State, and ZIP code

3a Name of plan administrator (if other than sponsor)

Grid for Name of plan administrator

3b Administrator's EIN

Grid for Administrator's EIN

3c Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.)

Grid for Number, street, and room or suite no.

City or town

State

ZIP code

Grid for City, 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.

Signature of plan administrator

Phone number of
plan administrator ▶

Grid for Phone number

SIGN HERE ▶

Date ▶

Grid for Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Cat. No. 13506T

Schedule SSA (Form 5500) 2005

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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 "A", "B", "C", or "D"

(a) Entry code (b) Social security number (c) Name of participant (First) (M. I.) (Last)

Grid boxes for entry code, social security number, and participant name.

Use with entry code "A" or "B"

Form section for entry code A or B, including fields for nature and form of benefit, amount of vested benefit, and defined benefit plan details.

(i) Previous sponsor's employer identification number (j) Previous plan number

Use with entry code "C"

Grid boxes for previous sponsor's employer identification number and previous plan number.

Use with entry code "A", "B", "C", or "D"

(a) Entry code (b) Social security number (c) Name of participant (First) (M. I.) (Last)

Grid boxes for entry code, social security number, and participant name.

Use with entry code "A" or "B"

Form section for entry code A or B, including fields for nature and form of benefit, amount of vested benefit, and defined benefit plan details.

(i) Previous sponsor's employer identification number (j) Previous plan number

Use with entry code "C"

Grid boxes for previous sponsor's employer identification number and previous plan number.

2 9 0 5 0 0 0 2 0 1

