

American Retirement Plan Services, L.L.C.

BUSINESS INFORMATION REPORT

Name of Business: _____

Address: _____ Telephone: (____) _____

Fax: (____) _____

Date Business Started/Incorporated: _____

Employer I.D. #: _____ State of Incorporation/Organization: _____

Type of Business Entity: C-Corporation S-Corporation Partnership Sole Proprietor
 LLC, if LLC, please indicate how entity is taxed (sole member, partnership, S-Corp)

Fiscal Year-End: _____ Business Code for Tax Return: _____

| <u>OWNERS</u> | <u>OWNERSHIP %</u> | <u>TITLE</u> | <u>EMPLOYED FAMILY MEMBERS & RELATIONSHIP TO OWNERS</u> |
|---------------|--------------------|--------------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please check type of any other existing or terminated plans that your company operates or operated and the year the plan was terminated (if applicable):

- Profit Sharing Money Purchase
 401(k) Target Benefit
 Cafeteria/125/Flexible Spending, etc.
 Other _____
Year terminated _____

Please list the name of other commonly controlled business or affiliated service organization, EIN of that company and percentages of ownership:

Name: _____ EIN: _____

| <u>OWNERS</u> | <u>OWNERSHIP %</u> | <u>TITLE</u> | <u>EMPLOYED FAMILY MEMBERS & RELATIONSHIP TO OWNERS</u> |
|---------------|--------------------|--------------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |