EMPLOYER INFORMATION UPDATE REPORT

PLAN NAME:_____

PLAN YEAR:_____

The following information will be required to help assure the appropriate information needed for required IRS and DOL testing and filings. Please complete to the best of your knowledge and forward to our office with the year end census information if any information has changed.

1. Provide the ownership breakdown of stock or of partnership interest:

Name	***Percentage***

2. Provide a listing of Corporate Officers (if applicable):

President:
Vice President:
Secretary:
Treasurer:

3. Do any of the individuals listed in 1 or 2 above have other ownership interests in companies that may have an influence on controlled group or affiliated service group status?
   (If yes, please provide a separate attachment with details) Yes: ☐ No: ☐

4. Does the plan sponsor maintain, or ever maintained any other active or inactive retirement plan not administered by EIP? Yes: ☐ No: ☐
   (if yes, please explain below)

5. Do you have any leased employees: Yes: ☐ No: ☐
   (i.e. Employees working for you through a temporary service?)
   If yes, include the list of employees with census information.

6. Do you maintain an IRC Section 125 Plan (Cafeteria Plan)? Yes: ☐ No: ☐
   If yes, please attach a list of participants and salary deferrals.

7. Please **attach** a copy of your latest ERISA Bond Coverage.

8. Use this section to provide any additional information or to communicate any special requests concerning the plan valuation: