REQUEST AND AUTHORIZATION FOR ADMINISTRATION SERVICES - DC PLAN

*Please fill in this form **completely**, sign and date at the bottom, and send to:*

Sheffler Consulting Actuaries, 4375 Jutland Dr. Ste 100 San Diego, CA 92117

Name of Plan:_____

A valuation is required of the above Plan as of (plan year end)_____ .

The following material is attached (please check or fill in as appropriate):

☐ 1. Census statement

☐ 2. Statement of Income and Expenses: Schedule of Assets (include Book & Market value). **(Corporate trustee annual reports are fine. Bank or Brokerage Statements are not adequate unless you want us to prepare at additional cost)**

☐ 3. Date (month, day and year) and amount of each contribution made for the above plan year, including any life insurance policy premiums paid.

Date_____ Amount$_____ Date_____ Amount$_____

☐ 4. Employer's proposed contribution to be validated: $_____

☐ 5. Amendments since last valuation (None ☐)

6. If not new plan but first time Sheffler is doing valuation, please send:

☐ a) Plan Document including amendments
☐ b) Adoption agreement
☐ c) Copy of last participation allocation report and any pertinent information.
☐ d) Copy of IRS determination letter
☐ e) Last 5500C and last 5500 series filed.

☐ 7. Do you want us to prepare Participant Statements for you?

☐ 8. If you require us to prepare the Annual Report on Form 5500 (C, R, EZ) and Summary Annual Report please fill in the attached information sheet (Form 3-A). **Also, send IRS preprinted 5500 forms if received from IRS.**

9. General Comments:

_____
_____
_____

**NOTE: Please do not send this package of information unless complete.*

Signature: Please Print and Sign Print Name:_____

Company Officer ☐ yes Title:_____

Administrator ☐ yes Company Name:_____

Date:_____

Print