REQUEST AND AUTHORIZATION FOR ACTUARIAL SERVICES

*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)_____ .

Please check, fill in or attach the following as appropriate):

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

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

☐ 3. Amendments since last valuation (None ☐)

4. **If NOT new plan but first time** Sheffler is doing valuation, please send:

☐ a) Plan Text including amendments
☐ b) Adoption agreement
☐ c) Copy of last valuation, including Schedule B and any past salary history.
☐ d) Copy of IRS determination letter
☐ e) Last 5500C and last 5500 series filed.

5. For all **NEW** plans, attached Information Sheet.

6. 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:_____