This form can be used when requesting a proposal to inform LAR Pensions, LLC of your current employees

Name of Plan: _____

ANNIVERSARY NOTIFICATION

New Employees for the Plan Year 1/1/2010 through 12/31/2010

				------Dates of------					
Employee Name	**SEX**	**% Own**	**SS#**	**Birth**	**Hire**	**Term**	**Gross Compensation**	**401(k) Deferral**	**Hours Worked**

PLEASE CONTACT LAR for additional pages regarding existing employees

This form may be sent via fax to (203) 964-1949 or e-mailed to ARupprecth@LARPensions.com