

ALL QUESTIONS ARE REQUIRED TO BE ANSWERED AS ACCURATELY AS POSSIBLY

GENERAL INFORMATION: Please answer completely.

Plan Name: _____

Business Structure (i.e. Sole Proprietor, LLC): _____

Address: _____ Phone: _____ Fax: _____

Person to be Contacted for Day-to-Day Pension Matters: _____

Confidential E-mail Address of Day-to-Day contact: _____ (required)

Does your company have any other retirement plans not administered by LAR Pensions, LLC? Yes No

If yes, please describe: _____

CENSUS INFORMATIONWhat is your compensation for the Plan Year? \$ _____
(please provide a W2, Schedule C or K-1)Are there any other employees other than yourself or your spouse? _____
(If YES, complete the information below)

Employee Name*	S E X	% Own	SS#	-----Dates of-----			Gross Compensation	Hours Worked
				Birth	Hire	Term		

**If any of the employees listed above are related to the employer, please list the names and relationship. (i.e. spouse, child)*

SCHEDULE OF CONTRIBUTIONS/ADDITIONS TO PLAN

Date of Addition mm/dd/yyyy	Year Deduction was taken	Amount

OTHER PLAN ASSET DETAILS

Value of Plan Assets at Plan Year End \$ _____

Please submit the year end statement as well

All forms may be returned via fax to (203) 964-1949 or e-mailed to arupprecht@larpensions.com
All forms are available online at www.larpensions.com