

# Employee Data Worksheet

This worksheet is used to gather information regarding the owner(s) and any employees of a business. Attach a Qualified Retirement Plan Designation of Beneficiary form completed by each employee listed.

## STEP 1: PLAN INFORMATION

Adopting Employer/Plan Sponsor Name			Employer EIN
Address			
City	State/Province	Zip/Postal Code	Country
Telephone		Plan Type <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401(k) <input type="checkbox"/> Individual(k) <input type="checkbox"/> Money Purchase	
Ascensus Plan Account Number		Leveraging Ascensus recordkeeping services? (Individual(k) only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Plan Administrator Name(s)		Plan Trustee(s) (if applicable)	

Are loans available?  Yes  No

Are Roth deferrals permissible?  Yes  No

Is this a pooled, multi-participant account?  Yes\*  No \*If yes, indicate account number below and go to signature section.

Account Number
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## STEP 2: PARTICIPANT INFORMATION

### Participant 1

Name			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed			
Account Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number	Date of Birth
Address (no P.O. Box addresses)			
City	State	Zip/Postal Code	Telephone

### Participant 2

Name			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed			
Account Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number	Date of Birth
Address (no P.O. Box addresses)			
City	State	Zip/Postal Code	Telephone



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## Participant 3

Name			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed			
Account Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number	Date of Birth
Address (no P.O. Box addresses)			
City	State	Zip/Postal Code	Telephone

### STEP 3: SIGNATURES

The Adopting Employer ("Plan Administrator") is hereby approving the account opening and authorizing Pershing LLC to receive and accept investment instructions made by, or on behalf, of the named Participant of this brokerage account ("Individual Account"). All investment instructions are subject to and in accordance with Pershing's established customs and procedures. Pershing LLC is authorized to rely on and take such directions from a Plan Administrator, Participant, and/or introducing broker-dealer ("financial institution") of Individual Accounts and shall have no duty to ascertain whether Individual Accounts transactions comply with the Plan or the Code. Pershing LLC shall not question any investment directives, review any securities or other property held in an Individual Account, or make suggestions with respect to the investment, retention or disposition of any asset held in an Individual Account. The Plan Administrator also attests to establishing a qualified retirement plan with Ascensus.

Additionally, the Plan Administrator acknowledges cash balance sweep options are made available by the financial institution and may include the option of keeping cash balance in this account as a free credit balance. The Plan Administrator acknowledges there is no guarantee that interest will be paid on cash balances in an account and the account sweep option may be changed, including changes between money market funds and bank deposit sweep products.

Plan Administrator Name	Date
Signature X	

Plan Administrator Name	Date
Signature X	

Plan Administrator Name	Date
Signature X	

### FINANCIAL ORGANIZATION USE ONLY

Please forward to your financial organization for required approval.

Investment Professional Name	Date
Signature X	

Operations Manager Name	Date
Signature X	