

SAMPLE

**SCHEDULE SSA
(Form 5500)**

**Annual Registration Statement Identifying Separated
Participants With Deferred Vested Benefits**

Under Section 6057(a) of the Internal Revenue Code

▶ File as an attachment to Form 5500 unless box 1b is checked.

Official Use Only

OMB No. 1210-0110

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**This Form is NOT Open
to Public Inspection.**

Department of the Treasury
Internal Revenue Service

For calendar year 2003 or fiscal plan year beginning _____ and ending _____

A Name of plan _____ **B** Three-digit plan number ▶ _____

C Plan sponsor's name as shown on line 2a of Form 5500 _____ **D** Employer Identification Number _____

1a Check here if additional participants are shown on attachments. All attachments must include the sponsor's name, EIN, name of plan, plan number, and column identification letter for each column completed for line 4.

1b Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 2 through 3c, and the signature area. Otherwise, complete the signature area only.

2 Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.) _____

City or town, state, and ZIP code _____

3a Name of plan administrator (if other than sponsor) _____

3b Administrator's EIN _____

3c Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.) _____

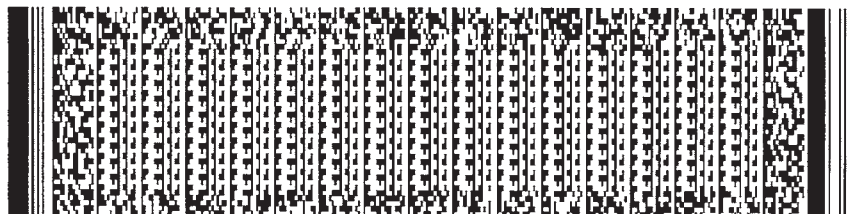
City or town, state, and ZIP code _____

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE Signature of plan administrator ▶ _____

Phone number of plan administrator ▶ _____ Date ▶ _____

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v6.1 Schedule SSA (Form 5500) 2003



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