

PEO Name:	_ Date:
Company Name:	
Tax ID (EIN):	
Company Address:	
Primary 401(k) Contact:	Email:
Phone Number:	_ Fax Number:
Corporation Type: □ C Corp □ Partnership □ LLC □ 501	(c) 3 Non-Profit S Corp Sole Proprietorship
Date of your company's incorporation:	_ Please report any future ownership changes to Slavic401k immediately.
Total number of employees:	_ Number of employees over 21:
Number of part-time employees:	
Does your payroll include owners? ☐ Yes ☐ No	
Did your company have a 401(k) plan during the prior yea If so, was the plan top-heavy? Does your company have an existing retirement savings	□ Yes □ No
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Identify all company owners (total percentage must equ	al 100%):
%	%
%	%
%	%
Identify all employees who are relatives of individuals who were relatives and the property of the pro	ho own more than 5% of the company: Relationship:
Identify employees who were paid in excess of \$130,000 in	2020:
Identify company officers and titles:	
Qualifying questions for client company owner or officer Do any owners, spouses, or minor children own part of any other ls your company a subsidiary of any other company? Is your company part of a controlled group of companies? Does the company have a plan it wants to merge?	
Name of person completing checklist	Company Owner/Officer/Trustee Signature
Title of person completing checklist	Email Address