



# VALLEY PENSION SERVICES, INC.

Client # \_\_\_\_\_

Name of Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Name of Plan: \_\_\_\_\_ Plan No. \_\_\_\_\_

Effective Date of Plan \_\_\_\_\_ Effective Restatement Date \_\_\_\_\_

Name of Trust \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ Year-End Date \_\_\_\_\_

Federal I.D. # \_\_\_\_\_ Trust # \_\_\_\_\_

Nature of Business \_\_\_\_\_ Business Code \_\_\_\_\_

Type of Entity: ( ) Corporation (tax exempt or Non-Profit) ( ) Sole Proprietor ( ) S-Corporation ( ) Partnership  
( ) Professional Service Corp or a LLC that is taxed as: ( ) a Partnership or Sole Prop., ( ) a Corp or ( ) an S-Corp

President \_\_\_\_\_ Vice-President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

Trustees \_\_\_\_\_

Board of Directors \_\_\_\_\_

Stockholders \_\_\_\_\_ % Owned \_\_\_\_\_

\_\_\_\_\_ % Owned \_\_\_\_\_

Accountant \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Accountant Address \_\_\_\_\_ Email: \_\_\_\_\_

Investment Coordinator Name & Company \_\_\_\_\_

Investment Co. Address \_\_\_\_\_

Investment Co. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Please list other companies owned by the owners/stockholders along with percentage of ownership:

\_\_\_\_\_  
\_\_\_\_\_

=====  
**www.valleypension.com**  
VPS Office Use Only Checklist: ( ) Admin. ( ) Accounting Safe Harbor Plan: ( ) Yes ( ) No