

# Appendix

## Revenue Procedure 2011-XX Pilot Program

### Transmittal Schedule

1. Applicant's (Plan Sponsor or Plan Administrator) Name

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2. Plan Name

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3. Applicant's Address

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4. Applicant's Employer Identification Number (EIN) \_\_\_\_\_

5. Three-Digit Plan Number (PN) \_\_\_\_\_

6. Plan Year End Date (Enter MM/DD/YYYY) \_\_\_\_\_

