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Top Hat Plan Statements Online Filing System

All fields required except as indicated by an asterisk (*). OMB Control Number 1210-0153 (expires 12/31/2017)

Is this an amended filing?

Employer Information

EIN

Name

Address

City

State

Zip Code

Declaration: Employer maintains the plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

I agree

Plan Administrator Information

Name/Office

Address

City

State

Zip Code

Email

* Telephone

Plan Information

Input the total number of plans and click Submit.

Number of Plans

Submit

Additional Information

(optional, up to 5000 characters)

5000 characters remaining

When you have completed the required information above click Review.

Review

Return to Instructions

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