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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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