

Guidance	Name of Plan as shown on Form 5500	(no dashes or spaces)		Plan Sponsor Employer Identification Number (EIN) (no dashes or spaces)	(no dashes or spaces)		Plan Administrator Employer Identification Number (EIN) (no dashes or spaces)
Requested Data	Name of Plan	Plan Number	Plan Sponsor Name	Employer Identification Number (EIN)	Plan Sponsor Phone Number	Plan Administrator Name	EIN
Example	ABC Plan	123	ABC Inc.	123456789	202456789	Doug Douglas	987654321

(if applicable)	Plan Administrator phone number (no dashes or spaces)	Street Address (room, apt., suite no. and street, or P.O. box)	City of Plan Administrator identified in column G	State (XX) of Plan Administrator identified in column G	Zip (XXXXX) of Plan Administrator identified in column G	Foreign Province/State (if applicable) of Plan Administrator identified in column G	Foreign Country (if applicable) of Plan Administrator identified in column G
In Care of Name	Phone Number	Street address	City	State	Zip	Foreign Province (or State)	Foreign Country
Smith	1234567777	PO Box 982902	El Paso	TX	79998		

Foreign Postal Code (if applicable) of Plan Administrator (no dashes or spaces) identified in column G	Enter the social security number (or ITIN if applicable) (no dashes or spaces) of each participant who (1) is a separated vested participant (as described in 26 U.S.C. 6057(a)(2)(C)(i) and (ii)), (2) is owed a benefit, and (3) has reached age 65 (or older).	First Name of Participant	Middle Name of Participant	Last Name of Participant
Foreign Postal Code	Separated Vested Participant Social Security Number	First Name	Middle Name	Last Name
	123456789	Mary	X	Washington