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## Attention:

- **Telephone requests for the 2005 Form 5500-series forms, schedules and instructions will not be filled until December 1, 2005.**
- **Requests for the 2005 Form 5500-series products can be made on the Internet (see below) beginning December 1, 2005. Requests made prior to that date will be filled with the 2004 version of the products.**

The product you are about to view is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Forms 5500 and 5500-EZ (and related schedules) are printed on special paper with dropout ink so they can be processed by the computerized processing system "EFAST." These forms and schedules may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

**Note:** You can also use the Internet link <http://www.irs.gov/formspubs/index.html> to request a *limited* number of these forms and schedules. If you use this link, select "Order:" and "Forms and publications by U.S. mail."

Check the Department of Labor's website at [www.efast.dol.gov](http://www.efast.dol.gov) for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

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**SCHEDULE SSA  
(Form 5500)**

**Annual Registration Statement Identifying Separated  
Participants With Deferred Vested Benefits**

Official Use Only  
OMB No. 1210-0110

**2005**

**This Form is NOT Open  
to Public Inspection.**

Department of the Treasury  
Internal Revenue Service

Under Section 6057(a) of the Internal Revenue Code

▶ **File as an attachment to Form 5500 unless box 1 is checked.**

For calendar plan year 2005  
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

**A** Name of plan

Grid for Name of plan

**C** Plan sponsor's name as shown on line 2a of Form 5500

Grid for Plan sponsor's name

**B** Three-digit  
plan number ▶

Grid for Three-digit plan number

**D** Employer Identification Number

Grid for Employer Identification Number

**1**  Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 2 through 3c, and the signature area.

**2** Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.)

Grid for Plan sponsor's address

City or town

State

ZIP code

Grid for City or town, State, ZIP code

**3a** Name of plan administrator (if other than sponsor)

Grid for Name of plan administrator

**3b** Administrator's EIN

Grid for Administrator's EIN

**3c** Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.)

Grid for Number, street, and room or suite no.

City or town

State

ZIP code

Grid for City or town, State, ZIP code

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of plan administrator

Phone number of  
plan administrator ▶

Grid for Phone number of plan administrator

**SIGN HERE** ▶

Date ▶

Grid for Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Cat. No. 13506T

Schedule SSA (Form 5500) 2005

2 9 0 5 A A 0 1 0



- 4 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits that:
- Code A** -- has not previously been reported.
  - Code B** -- has previously been reported under the above plan number but requires revisions to the information previously reported.
  - Code C** -- has previously been reported under *another* plan number but will be receiving their benefits from the plan listed above instead.
  - Code D** -- has previously been reported under the above plan number but is no longer entitled to those deferred vested benefits.

**Use with entry code "A", "B", "C", or "D"**

(a) Entry code	<input type="text"/>	(b) Social security number	<input type="text"/>
(c) Name of participant	(First)	(M. I.)	(Last)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Use with entry code "A" or "B"**

Enter code for nature and form of benefit		Amount of vested benefit	
(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	Defined contribution plan
<input type="text"/>	<input type="text"/>	<input type="text"/>	(g) Units or shares
			(h) Total value of account
			Share indicator

**Use with entry code "C"**

(i) Previous sponsor's employer identification number	(j) Previous plan number
<input type="text"/>	<input type="text"/>

**Use with entry code "A", "B", "C", or "D"**

(a) Entry code	<input type="text"/>	(b) Social security number	<input type="text"/>
(c) Name of participant	(First)	(M. I.)	(Last)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Use with entry code "A" or "B"**

Enter code for nature and form of benefit		Amount of vested benefit	
(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	Defined contribution plan
<input type="text"/>	<input type="text"/>	<input type="text"/>	(g) Units or shares
			(h) Total value of account
			Share indicator

**Use with entry code "C"**

(i) Previous sponsor's employer identification number	(j) Previous plan number
<input type="text"/>	<input type="text"/>

2 9 0 5 A A 0 2 0

