



APPLICATION FOR PENSION TRUST (ERISA) NAME SCHEDULE BOND

*Non-Union Plans Only
Qualifying Assets Only*

Requested Bond Amount: \$ _____
(Amount applies to each fiduciary listed below)

Effective Date: _____

Is this bond required because more than 5% of the Plan assets are "non-qualifying"? Yes No

If yes, please contact our office. Any questions on what constitutes a qualifying and non-qualifying asset should be addressed with your attorney or CPA.

Legal Name of Plan(s): _____

Type of Business: _____

Business Address: _____

Mailing Address: _____

Total Plan Assets: \$ _____ Number of Trustees: _____ Number of Participants: _____

Each fiduciary (trustee) to be named (please print):

Name _____

Name _____

Name _____

Is the Plan audited by a CPA? Yes No Date of last audit: _____

If no, why is the plan not audited? _____

Previous ERISA coverage? Yes No If yes, list bond carrier: _____

Has applicant experienced any claims in the past five years? Yes No
(If yes, give specific details on each incident, and any changes made to prevent a reoccurrence, on a separate sheet.)

Premium payments for this new bond: 1 year bond 3 year bond

COMPLETE THE FOLLOWING FOR REQUESTS OF \$500,000 AND LARGER

What % of Plan assets are **employer securities**? _____%

Are Plan accounts reconciled by someone not authorized to deposit or withdraw funds? Yes No

Are two (2) or more signatures required for withdrawals and larger checks? Yes No

Are separate corporate trust account(s) established for the Plan assets? Yes No

If yes, where are the assets held? _____

Agency _____
Address _____ Street
City _____ State _____ Zip _____
Agent's Code _____

The undersigned agrees the above representations are an accurate statement of current information and procedures. This application, with Bond Declarations and Provisions, and endorsements issued to form a part thereof, constitute the entire contract.

Signature of Officer or Employer

Official Title