



1 Plan Sponsor

This information is revised from a previous submission.

ORGANIZATION NAME	ORGANIZATION TIN		
ADDRESS	CITY	STATE	ZIP CODE
PLAN NAME (IF DIFFERENT)	PLAN TIN	PLAN EFFECTIVE DATE	
AUTHORIZED REPRESENTATIVE	PHONE	FAX	
AUTHORIZED BILLING CONTACT (IF DIFFERENT)	PHONE	FAX	
PLAN ADMINISTRATOR <input type="checkbox"/> Plan Sponsor <input type="checkbox"/> Third-Party Administrator (Complete Section 2.)			

2 Third-Party Administrator

NAME			
ADDRESS	CITY	STATE	ZIP CODE
AUTHORIZED REPRESENTATIVE	PHONE	FAX	

3 Plan Declarations

Organization	<input type="checkbox"/> Public School <input type="checkbox"/> 501(c)(3) (Attach a copy of the organization's determination letter.) <input type="checkbox"/> Private School <input type="checkbox"/> Hospital <input type="checkbox"/> Church <input type="checkbox"/> Other _____
Funding	<input type="checkbox"/> Salary-Reduction Elective Deferrals Only <input type="checkbox"/> Employer-Paid, Non-Elective Contributions Only <input type="checkbox"/> Salary-Reduction Deferrals and Employer-Paid Contributions
Documentation	<input type="checkbox"/> A written plan is in place. (Attach a copy for file with Standard Insurance Company.) <input type="checkbox"/> A written plan is not in place. If a written plan is not in place as of January 1, 2009, Standard Insurance Company cannot accept funds. As of January 1, 2009, the IRS requires that all 403(b) plans have a written plan. The plan is responsible for monitoring participant records according to IRC § 403(b) and its regulations. Participant records include, but are not limited to, information on contributions, loans, in-service distributions, hardship withdrawals and severance from employment.
Allowances	<input type="checkbox"/> Loans <input type="checkbox"/> Hardship Withdrawals
Vendor Status	<input type="checkbox"/> Standard Insurance Company is authorized as a vendor in the written plan. <input type="checkbox"/> Standard Insurance Company is authorized only to accept rollovers, transfers and exchanges. If not previously authorized, attach form 14272, Information Sharing Agreement for 403(b) Tax-Sheltered Annuity Plan (or a comparable document) to be on file with Standard Insurance Company.

4 Authorization

I have completed appropriate sections of this form and represent that all information is true and accurate.	
_____	_____
AUTHORIZED PLAN REPRESENTATIVE SIGNATURE	DATE