

EPEG DATA REQUIREMENTS

Please complete all information below to facilitate quicker establishment of the plan and onboarding process through the electronic Plan Establishment Guide process.

Plan Information

Plan Name: _____

Plan Type: _____

No. of Participants with Balance: _____

Assets (\$) for conversion or anticipated annual flow: \$_____

Selected Custodian: _____

Third Party Administrator

Primary Contact: _____

E-mail: _____

Phone: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Plan Advisor

Primary Contact: _____

E-mail: _____

Phone: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Plan Sponsor

Primary Contact: _____

E-mail: _____

Phone: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____