

**SCHEDULE SSA  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

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

Under Section 6057(a) of the Internal Revenue Code

▶ File as an attachment to Form 5500.

▶ For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 5500

Official Use Only

OMB No. 1210-0110

**1999**

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

For the calendar year 1999  
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 additional participants are shown on attachments. All attachments must include the sponsor's name, EIN, name of plan, plan number, and column identification letter for each column completed for line 4.

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. Otherwise, complete the signature area only.

**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

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) 1999

2 9 9 9 0 0 0 1 1 V



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

(b) Social security number -

(c) Name of participant

**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 <input type="text"/> Share indicator <input type="text"/>
			(h) Total value of account <input type="text"/>

(i) Previous sponsor's employer identification number -

(j) Previous plan number

**Use with entry code "C"**

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

(a) Entry code

(b) Social security number --

(c) Name of participant

**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 <input type="text"/> Share indicator <input type="text"/>
			(h) Total value of account <input type="text"/>

(i) Previous sponsor's employer identification number -

(j) Previous plan number

**Use with entry code "C"**

2 9 9 9 0 0 0 2 1 W

