



## UFAA 401(K) PLAN

### PRE-ENROLLMENT FORM FOR EMPLOYERS

<b>YOUR COMPANY OR SOLE PROPRIETOR OR PARTNERSHIP NAME:</b>  	<b>INSTRUCTIONS: PRINT OUT A COPY OF THIS FORM</b>  PLEASE ANSWER ALL QUESTIONS AND PRINT CLEARLY  <b>WHEN COMPLETED, PLEASE FAX THIS FORM TO:</b> <b>703-637-0009</b>		
<b>STREET ADDRESS:</b>  	<b>CITY:</b>  	<b>STATE:</b>  	<b>ZIP:</b>  
<b>YOUR NAME &amp; TITLE</b>  	<b>PHONE NUMBER</b>  	<b>FAX NUMBER</b>  	
<b>YOUR E-MAIL ADDRESS</b>  	<b>CELL PHONE</b>  	<b>NUMBER OF EMPLOYEES</b>  	
<b>Does Your Organization Currently Have Retirement Plan For Your Employees That You Wish To Roll Into The UFAA 401k Plan?</b>  <div style="text-align: center;"> <input type="checkbox"/> YES     <input type="checkbox"/> NO         </div>	<b>If YES, what amount of assets do you have in your existing plan?</b>  \$	<b>If YES, how many participants are in your current plan?</b>	
<b>If YES, what type of plan do you have? (401k, Profit Sharing Plan, Keogh, IRA, Simple 401k, Solo 401k, SAR/SEP, etc.)</b>  	<b>If YES, where is your plan administered/invested now?</b>  		

Upon receipt of this pre-enrollment form, we will contact you to begin the process of enrolling your organization in the UFAA 401k Plan.

**Should you have any questions or need any assistance please contact:**  
[Retirement Planner & Administrators, Inc.](#)  
**Ms. Heather Sevier at 703.433.2713**