Attention!

This form is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing. The printed version of this form is a "machine readable" form. As such, it must be printed using special paper, special inks, and within precise specifications.

Additional information about the printing of these specialized tax forms can be found in: Publication 1167, Substitute Printed, Computer-Prepared, and Computer-Generated Tax Forms and Schedules; and, Publication 1179, Specifications for Paper Document Reporting and Paper Substitutes for Forms 1096, 1098, 1099 Series, 5498, and W-2G.

The publications listed above may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS publication number.

Application for Determination for Adopters of Master or Prototype, Regional Prototype or Volume **Submitter Plans**

OMB No. 1545-0200 File folder For IRS Use Only number ▶ Case number ▶

Department of the Treasury Internal Revenue Service

(Under sections 401(a) and 501(a) of the Internal Revenue Code) You must attach user fee and Schedule Q to this application. (See What To File.)

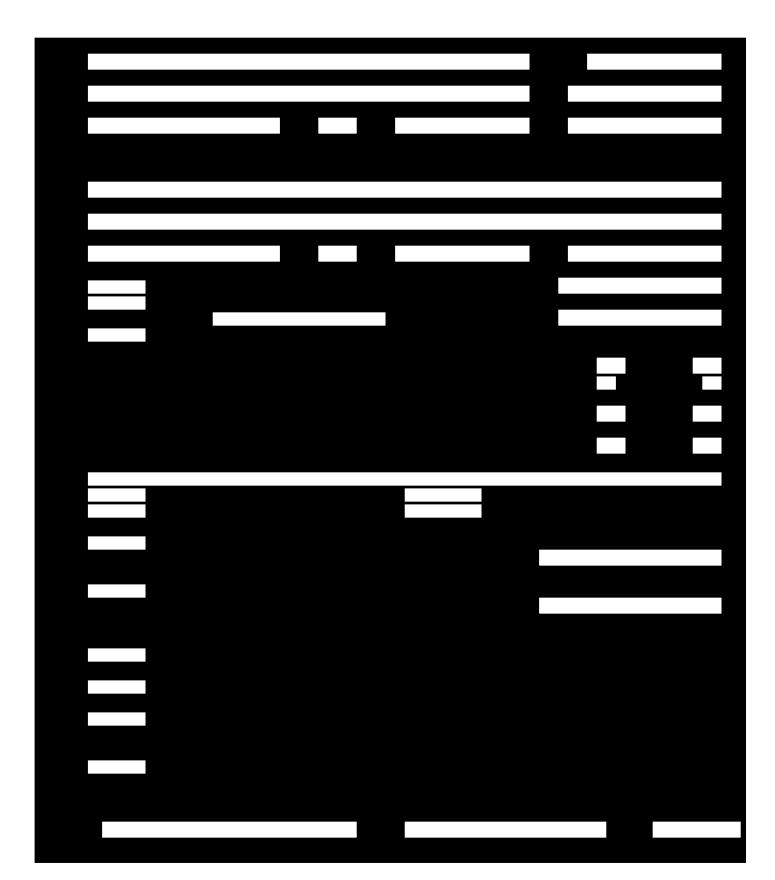
You must file the original page 1 printed in special red ink and the duplicate page 1 of this application. The page 1 printed in red ink is read by the computer and all the information filled in must be typed in either 10 pitch type, Elite type, Courier 12 type, or Titan 12 type. If you wish to computer generate this form, contact your key district office for more information.

	Name of plan sponsor (emp	loyer if single employer plan)				1b	Employer	identifica	tion number
	Number, street, and room of	r suite no. (If a P.O. box, see in	nstructions.)			1c	Employer's	s tax year	ends—Enter (MM)
	City		State	ZIP co	ode	1d	Telephone	e number	-
	(If the same as line 1a, leav	nore information is needed. (See e blank. Complete even if a Po		is attached.)				,	
	Name								
	Number, street, and room of	r suite no. (If a P.O. box, see ir	nstructions.)						
	City		State	ZIP co	 ode		Telephone	e number	-
3a	Determination reques	ted for (enter applicable Enter 1 for Initial Qualit							
		Enter 2 for a request a							
	Date amendment sign				dment effective	ve _			
		Enter 3 for Standardize	-	•					
b	Has the plan received was ever received.).	a determination letter? (Yes			No
	,-	ired amendments made				Yes		_	No
			,						
С	Have interested partie	es been given the require	ed notification	on of this applica	ition?	Yes			No
d	Does the plan have	es been given the require a cash or deferred and 401(k) or (m))?	rangement,	or employee or	r matching	Yes Yes			No No
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Date ▶

Signature ▶



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Department of the Treasury Internal Revenue Service

Application for Determination for Adopters of Master or Prototype, Regional Prototype or Volume **Submitter Plans**

(Under sections 401(a) and 501(a) of the Internal Revenue Code) You must attach user fee and Schedule Q to this application. (See What To File.)

OMB No. 1545-0200 File folder For IRS Use Only

number ▶

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1a		loyer if single employer plan)			1b	Employer ide	entification number				
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					1c	Employer's ta	x year ends—Enter (M	M)			
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	City			ZIP code		Telephone no	umber				
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2		nore information is needed. (Se e blank. Complete even if a Po		chad)							
	•	e biank. Complete even il a Po	wer of Attorney is atta	cried.)							
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	<	or suite no. (If a P.O. box, see i						_ >			
	Number, street, and room of	r suite no. (If a P.O. box, see i	nstructions.)								
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	< >	Enter 2 for a request a	after Initial Qualific	ation							
	Date amendment sign	ned		Date amendment effe	ctive _						
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b	Has the plan received	a determination letter?	(Submit a copy of	the latest letter if on	e						
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	was evel received.).										
		ired amendments made					No _	^			
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Title ▶

Date ▶

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orm	5307 (Rev. 3-96)	Р	age 2
		Yes	No
9a	Do you maintain any other qualified plan(s)? (See instructions.)		
b	Do you maintain another plan of the same type (i.e., both this plan and the other plan are defined contributions plans or both are defined benefit plans) that covers non-key employees who are also covered under this plan?		
	If yes, when the plan is top-heavy, do the non-key employees covered under both plans receive the required top-heavy minimum contribution or benefit under:		
	(1) This plan?		
С	If this is a defined contribution plan, do you maintain a defined benefit plan (or if this is a defined benefit plan, do you maintain a defined contribution plan) that covers non-key employees who are also covered under this		
	plan?		
	(4) benefits under both plans that, using a comparability analysis, are at least equal to the minimum benefit? (See instructions.)		
d	Does the plan prevent the possibility that the section 415 limitations will be exceeded for any employee who is (or was) a participant in this plan and any other plan of the employer? (See Regulations sections 1.415-7 and 1.415-8.).		
	Miscellaneous		
	N/A	Yes	No
10a	Does any amendment to the plan reduce or eliminate any section 411(d)(6) protected benefit? (See instructions.)		
b	Are trust earnings and losses allocated on the basis of account balances in a defined contribution plan? If "No," attach a statement explaining how they are allocated		
С	Is this plan or trust currently under examination or is any issue related to this plan or trust currently pending		

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Procedural Requirements

Use this list to see what MUST be included with Form 5307.

- 1 Is Schedule Q (Form 5300) attached?
- 2 Is Form 8717 and the appropriate user fee attached?
- 3 Master or Prototype, Regional Prototype or Volume Submitters Plans—Is a copy of the adoption agreement attached or in the case of a volume submitter plan, a copy of modifications? (See What To File in the instructions.)
- 4 Is a copy of the master or prototype, regional prototype or volume submitter letter attached? (See What To File in the instructions.)
- 5 Is a copy of the plan's latest determination letter attached? (Previously approved plans only, see What To File in the instructions.)
- **6** Are the appropriate demonstrations attached to Schedule Q?
- 7 Has page one been submitted in duplicate (one must be the original printed in special red ink)?
- 8 Are both copies of page one of the application signed?
- 9 Is the plan sponsor's (employer's if single-employer plan) 9-digit employer identification number entered on line 1b?
- 10 If appropriate, is Form 2848, or a privately designed authorization, attached? (See Disclosure Request by Taxpayer in the instructions.)
- 11 Is the year the plan was originally effective entered on line 4d?
- 12 Affiliated Service Groups, Controlled Groups or Entities Under Common Control—Is the information requested under "What To File" and the line 6 instructions attached?
- 13 Volume Submitter Plans—Is a copy of the plan and trust instrument attached? (See What To File in the instructions.)

ALL APPLICATIONS ARE SCREENED BY COMPUTER. FAILURE TO INCLUDE A REQUIRED ITEM WILL RESULT IN THE RETURN OF THIS APPLICATION TO YOU.