REQUIRED INFORMATION AND QUESTIONNAIRE FOR
2018 FORM 5500 FILING

ATR strongly recommends that you provide this Form 5500 information as soon as practicable. The Form 5500 requires information from multiple sources and must be signed by the Plan Administrator. By providing your information early, you will avoid extraordinary efforts and potential additional costs to meet the filing deadlines.

<mark>If someone other than ATR prepared the Form 5500 last year, please provide a copy of that form and all related schedules.</mark>

ERISA FIDELITY BOND   Amount: [   ]   Insurance Company: [   ]

COMPANY INFORMATION

Company: [   ]

Address: [   ]

[   ]

City ST Zip: [   ] [ ] [   ]

Telephone: [   ]

Business Code: [   ]
(see available listing of business codes)

Company EIN: [   ]

PLAN INFORMATION

Plan Name: [   ]

Plan EIN: [   ]

Plan ID: [   ]

TRUSTEE INFORMATION

Trustee: [   ]

Address: [   ]

City ST Zip: [   ] [ ] [   ]

INSURANCE COMPANY INFORMATION

(Required if your plan has life insurance; or invests in GICs, annuities, or mutual funds sponsored by an insurance company.
Ask your insurance company for Schedule A information and attach a copy to this form.)

Insurance Company	EIN	NAIC	Contract #

CHANGE IN SERVICE PROVIDER INFORMATION   *(Report any change in actuary or plan accountant.)*

Provider	EIN	Address	Telephone	Reason for change

CONTINUED ON NEXT PAGE

Signature of Plan Administrator [   ]   **Date:** [   ]

PAYROLL DEPOSIT INFORMATION - disregard this section if your plan does not have any 401(k) salary deferral contributions nor any loan repayments.

(Employee 401(k) salary deferrals, Roth contributions and loan repayments must be deposited as soon as administratively feasible. Please provide the payroll date and deposit dates below.)

Payroll Date	Deposit Date	Amount	Payroll Date	Deposit Date	Amount	Payroll Date	Deposit Date	Amount

Signature of Plan Administrator   **Date:**