

Carruth Compliance Consulting, Inc.

403(b) Program
Service Provider Information Regarding A Specific Employer

Service Provider Name: _____

Employer Name: _____

This Form: Is an initial submission for this Employer Is an update of a previous submission

Does Service Provider assign a Plan or Group Number to the 403(b) Program of this particular Employer?

Yes No

If "Yes," please provide: _____

Local Office(s) and/or Contacts for this Specific Employer

Local or Regional Office Website URL _____
(For multiple local or regional offices, include information in a separate file, preferably Word or Excel.)

Local or Regional Office Telephone Number _____
(For multiple local or regional offices, include information in a separate file, preferably Word or Excel.)

Local or Regional Office E-mail Address _____
(For multiple local or regional offices, include information in a separate file, preferably Word or Excel.)

Does Service Provider have specific agents, practitioners, or employees who are designated to solicit Employees of this particular Employer?

Yes No

If "Yes," please list the agents, independent practitioners, or employees who have been designated to solicit Employees of this particular Employer, along with their telephone numbers, so that CCC may include this information in the Service Provider materials that will be available to Employees of this specific Employer (if more than four, include all names and telephone numbers in a separate file, preferably in Word or Excel format):

	Name	Telephone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

If "No," please provide a Word, Excel, or PDF file listing all independent practitioners who have marketed Service Provider 403(b) products to Employees of this Specific Employer, along with their company affiliations and telephone numbers (if possible).

Do you agree to provide any changes to the above information as it occurs?

Yes No