

Contact Information

Company Name: _____

Name and Title of Primary Contact: _____

Contact Mailing Address: _____

City, State, Zip: _____

Contact Phone Number: _____ Contact Email: _____

Name and Title of Secondary Contact: _____

Phone & Email of Secondary Contact: _____

Mailing address of secondary contact if different from that of primary contact: _____

Plan Demographics

1. Does your company derive any of its income from providing services to plan sponsors for their defined contribution plan needs? Y / N

2. What is the total number of employees at your company eligible to participate in your largest DC plan: _____

3. What types of retirement plans does your company sponsor for employees? Check all that apply.

- 401(k) Plan
- Profit Sharing Plan
- 403(b) Plan
- 457 Plan
- Non-Qualified Deferred Compensation
- Health Savings Accounts
- Defined Benefit Plan
- Other: _____

2019 Dues Schedule: Dues are based on the total number of employees eligible to participate in your largest DC Plan.

- 1-174 eligible employees: \$400
- 175-299 eligible employees: \$675
- 300-499 eligible employees: \$885
- 500-749 eligible employees: \$1,115
- 750-999 eligible employees: \$1,325
- 1,000-2,499 eligible employees: \$1,545
- 2,500-5,000 eligible employees: \$1,765
- 5,001-67,000 eligible employees: \$1,765 plus \$50 for every full 1,000 eligible employees over 5,000
- 68,000 or more eligible employees: \$4,915

Payment Information

Annual Dues: \$ _____

I have enclosed a check payable to PSCA

Please charge my credit card: Visa MasterCard American Express

Credit Card No.: _____ Expiration Date: _____ CVV: _____

Name on Card: _____ Signature: _____

Address if different from that on top of form: _____