## **ERISA Fidelity Bond Information Form**

Please complete this form in its entirety and return to the following address along with a copy of the Declaration Page:

Palmer Pension Services, Inc. 4343 Shallowford Road Suite 320 Marietta, GA 30062

| Name of Employer:   |   |
|---|---|
| Name of Plan:   |   |
|   |   |
| fiduciary of an employee benefit plan and o   | t Income Security Act of 1974 requires that every every person who handles funds or other property for a amount of the bond shall be no less than 10% of the  |
| plan assets in "non-qualifying" plan assets,<br>(IQPA) report. An alternative to the IQPA i | es that any plan, which holds more than 5% of its total must obtain an Independent Qualified Public Account is to increase the amount of the plan's bond coverage in the amount of the "non-qualifying" plan asset. |
| Bonding Information:  |   |
| Name of Surety Company:   |   |
| Amount of Bond:   | Policy # of Bond:   |
| Date of Bond:   | Renewal Period:   |
| Name/Address/Telephone Number of age  | ent from whom you purchased the bond:   |
| Agent Name:   | Telephone #:  |
| Address:  |   |
|   |   |
| Date Form Completed:  | <u> </u>  |