

**QUESTIONNAIRE FOR POLICYHOLDERS  
REQUIRED TO FILE FORM 5500**

Form 5500 is filed by the following types of plans covering 100 or more participants as of the beginning of the plan year:

- Pension benefit plan
- Annuity under IRC Section 403(b)(1) or trust under IRC Section 408(c)
- Custodial account under IRC section 403(b)(7)
- Welfare benefit plan
- IRC Section 6039D fringe benefit plan

Please complete the information below and return it to: Amalgamated Life Insurance Company,  
333 Westchester Avenue, White Plains, New York 10604.

Policy Number \_\_\_\_\_ Date \_\_\_\_\_

Policyholder Name and Address \_\_\_\_\_

Are you required to file a 5500 – Annual Return/Report or Employer Benefit Plan?

Yes [  ] No [  ]

If you answered “yes” to the above questions, please complete the following:

Name of Plan Sponsor as shown on line 1A of Form 5500 or 5500 C/R

\_\_\_\_\_

Name of Plan \_\_\_\_\_

Employer Identification # \_\_\_\_\_ Three Digit Plan # \_\_\_\_\_

Type of Plan:

Welfare Plan [  ] Pension Plan [  ] Combination Pension and Welfare Plan [  ]

For Calendar Year \_\_\_\_\_ or Fiscal Plan Year Beginning \_\_\_\_\_ and Ending \_\_\_\_\_

Policy or Contract Year from \_\_\_\_\_ to \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Please Print or Type Name \_\_\_\_\_ Title \_\_\_\_\_