

**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: _____