

(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com

Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

### PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN Digits:	Date of Birth: (MM/DD/YYYY)	Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### PART 2. EMPLOYER INFORMATION

Type of Business:

Sole Proprietorship    Partnership    LLC    C Corporation    S Corporation    Other

Company Name Adopting Plan:	Federal Tax ID #:
<input type="text"/>	<input type="text"/>

Business Address: (Must be physical address)	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

State of Business Incorporation	Fiscal Year End:	Business Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

### PART 3. ACCOUNT OWNER AUTHORIZATION

I certify that the above listed information is accurate

Signature of Account Owner:	Account Owner Name: (Print or Type)	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>