



**EMPLOYEE PROFIT SHARING PLAN (EPSP)
CONFIDENTIAL INFORMATION DOCUMENT**

Fax to: Sean McKenna- McKenna Churchill and Associates. Submitted by: _____
(416) 693-0527

Email: _____ Phone No. _____

Company (legal name): _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Accountant.: _____ Phone: (____) _____ Fax: (____) _____

Date of Incorporation: _____ CRA B.I.N. Number _____
Same as the GST Number (9 figures, 2 letters, 4 figures)

Effective date of EPSP: _____

Nature of Business: _____

Details of Other related Corporations: _____

Would other employees be offered membership in EPSP? Yes No

Signing Officer Name & Title: _____

Committee Members (to administer EPSP) 1. _____

2. _____

Director(s) 1. _____

2. _____

Trustee #1 Name, Address & Fax No. _____

Trustee #2 Name, Address & Fax No. _____

Trustee #3 Name, Address & Fax No. _____

Must be independent of the company and not a child of the owner(s)

I hereby authorize production of the EPSP for a fee of \$2500+(\$175GST)=\$2675 for the documentation of this

Plan. Authorized by: _____ Signature: _____