

McKenna Churchill & Associates

Corporate Pension and Tax Consultants

HEALTH AND WELFARE PLAN (HAWP) CONFIDENTIAL INFORMATION DOCUMENT

Fax to: McKenna Churchill and Associates (416) 693-0527 Submitted By: _____

Email: _____ Phone No. _____

Company(Legal Name): _____

Address: _____

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

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

Date of Incorporation: _____ CRA B.I.N. Number _____

Same as your GST # (9 figures, 2 letters, 4 figures)

Nature of Business: _____

Details of other related Corporations: _____

Would other employees be offered membership in HAWT? Yes No

Connected Person?
(Owns or is married to shareholder with 10% or more of Company's shares) _____

First Trustee _____ Resident of _____

Second Trustee _____ Resident of _____

Third Trustee _____ Resident of _____

(3rd trustee must be independent of the company excluding your children-other family members can be trustees if not connected to the company in any way)

Effective Date _____

Directors 1. _____

2. _____

Signing Officer _____

Title of Signing Officer _____

I hereby authorize production with the documentation of this Plan for the fee of \$1500 +GST (\$105)=\$1605 payable to McKenna Churchill and Associates Ltd.

Authorized by: _____ Signature: _____