



## Notice of Intent to Participate

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The Ohio Society of Association Executives is exploring implementation of a Multiple Employer Program 401(k) Plan as a valued benefit for our members. We need to know who would be interested in learning more about this opportunity.

Please confirm your interest in participating in the OSAE Multiple Employer Program by completing the information requested and returning this form to Peggy Slaughter, Retirement Plan Consultant at Saling Simms Associates.

**Employer Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Plan Name:** \_\_\_\_\_

**Estimated Plan Assets:** \_\_\_\_\_ **Estimated Annual Contributions:** \_\_\_\_\_

**Estimated Number of Account Balances:** \_\_\_\_\_ **Plan Type:**  401(k)  Profit Sharing

**Current Vendor(s):** \_\_\_\_\_ **Annual Audit (Y or N):** \_\_\_\_\_

**Comments/ Questions:** \_\_\_\_\_

\_\_\_\_\_

### ACKNOWLEDGEMENT AND REQUEST—PLAN ADOPTER

I acknowledge our intent to become a participant in the OSAE Multiple Employer Program. I understand this does not obligate our association/organization to do so.

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*Please contact Peggy Slaughter at (614)841-1881 if you have additional questions. Forward this completed form to Peggy at [peggy.slaughter@salingimms.com](mailto:peggy.slaughter@salingimms.com) or by fax to 614-841-1013.*