



Top-Heavy Compliance Form

General Information

Plan Name: _____

Plan ID and Division: _____ Date: _____

This form must be completed and signed by the plan administrator or other plan official.

If your plan is top heavy, it is your responsibility to determine the amount of any minimum contribution that must be made and to ensure that the contribution is remitted in a timely manner.

Top-Heavy Status

Check the appropriate box.

The plan **IS NOT TOP HEAVY** for the plan year that begins in _____.
If you check this box, do not complete the Key Employees section. Skip to the Certification section, and retain this form for your records. If your plan is not top heavy, do not return this form to Prudential Retirement.

The plan **IS TOP HEAVY** for the plan year that begins in _____.
If you check this box, complete the Key Employees and Certification sections below, and return this form to Prudential Retirement.

Key Employees

If your plan is top heavy, list the key employees and their social security numbers. Attach additional pages, if necessary.

Name	Social Security Number

Certification

Employer's Signature and Title of Employer's Representative _____ Date: _____

Company Authorization: _____ Date: _____