



**FIDELITY APPLICATION FOR WELFARE OR PENSION PLANS**

**LEGAL NAME OF FUND:** \_\_\_\_\_  
\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

Bond Amount \_\_\_\_\_ Blanket \_\_\_\_\_ Annual   
Assets of Plan \_\_\_\_\_ Schedule \_\_\_\_\_ 3 yr. Prepaid   
To Be Effective \_\_\_\_\_

**Type of Organization**

Corporation   
Partnership   
Proprietorship   
Other  \_\_\_\_\_

**Business Function**

Manufacturing   
Wholesale   
Retail   
Other  \_\_\_\_\_

Date Business Started \_\_\_\_\_  
Date Plan Established \_\_\_\_\_

**List Trustees and/or Administrators and their occupation(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(For Bonds with Penalties of 300K or Larger)**

**Audits Conducted by:**

**CPA**                      **How Often**  
Yes               Annual   
No                 Semi-Annual   
                                 Quarterly

Are bank accounts reconciled by someone not authorized to deposit or withdraw? \_\_\_\_\_

Are securities subject to joint control of 2 or more employees? \_\_\_\_\_

Joint or countersignature of checks required? \_\_\_\_\_

Prior dishonesty losses? \_\_\_\_\_  
\_\_\_\_\_

**Date** \_\_\_\_\_

**Agency** \_\_\_\_\_  
\_\_\_\_\_

**By** \_\_\_\_\_