

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 8274

Amended Confirmation Number:

Employer Information

Name: Alcor Life Extension Foundation, Inc.
Address: 7895 E Acoma Dr Ste 110
City: Scottsdale
State: AZ
Zip Code: 85260

Plan Administrator Information

Name: Alcor Life Extension Foundation, Inc.
Address: 7895 E Acoma Dr Ste 110
City: Scottsdale
State: AZ
Zip Code: 85260
Phone: 8774625267
Email: Patrick.harris@alcor.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Alcor Life Extension Foundation, Inc. 457(b) Plan.	Number of Employees: 1
ID:2	Plan Name:	Alcor Life Extension Foundation, Inc. 457(f) Plan.	Number of Employees: 1

Additional Information:

Alcor Life Extension Foundation, Inc. 457(b) Plan and the Alcor Life Extension Foundation, Inc. 457(f) Plan.



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 8274. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.