

Retirement Plan Questionnaire

(Confidential)

Complete Legal Name of Employer (as it will appear on all Plan Documents)

Street Address

Mailing Address (if different than street address)

Telephone No./Fax No.

Contact Person & Title

Corporation "S" Corporation Professional Service Corp. Sole Proprietor Partnership
 Government Entity Not-for-Profit Organization Limited Liability Co. Other _____

Date Business Began

Date Incorporated (corporations only)

Fiscal Year End (Month/Day)

SIC Business Code

Nature of Business Activity (e.g., auto dealer, school, law offices)

Trust Tax I.D. Number

Employer Tax I.D. Number

Trustee's Name(s)

Named Fiduciary

E-mail Address

CLIENT ADVISORS

Accountant _____

Attorney _____

Company _____

Company _____

Address _____

Address _____

Phone () _____

Phone () _____

Send Annual Census Report to: Client Accountant Send copies of plan information: Yes No

Send Copy of Annual Report to Accountant: Yes No

Investment Advisor/Insurance Agent _____

Company _____

Address _____

Phone () _____

Submitted by: _____

Send copies of Plan Information: Yes No

Date _____

EMPLOYER'S PRELIMINARY PLAN DESIGNS OBJECTIVES

Are you requesting a specific type of plan? Yes No

Profit Sharing Money Purchase 401(k) Defined Benefit Target Benefit Most Suitable Plan

Does the company want flexibility in deciding what amount (if any) will be contributed each year? Yes No

Is the company willing to make a commitment for a fixed contribution each year, understanding that this may allow for larger contributions and/or deductions? Yes No

What level of contributions is the company prepared to make? _____% of payroll or Range of \$_____ to \$_____.

What are the company objectives in establishing a plan?

(Code as 1 for major objective, 2 for minor objective and 3 for unimportant or not applicable)

____ Tax deductions for company

____ Accumulate substantial retirement income for owner(s)

____ Create a non-business asset for owner(s)

____ Provide retirement security for employees

____ Attract and retain employees

____ Benefit key employees

____ Allow employee pretax savings

____ Replace lost IRA deductions

When does the company intend to adopt the plan? _____

When does the company plan to make the first contributions? _____

If the company has specific plan provisions in mind, please check those that are applicable.

ELIGIBILITY

All employees initially eligible: Yes No

Minimum Age (21 or less) _____

Waiting period (up to 2 years; 1 year for 401(k) plans) _____ Months _____ Years

Job Class: Full-time Non-union Other _____

Enrollment date: Monthly Quarterly Semi-annually

COMPANY CONTRIBUTIONS (If a 401(k) Plan, check all types of contributions to be included.)

Discretionary

Allocated: Proportional to Pay Integrated with Social Security

Must be employed on the last day of year to get a contribution: Yes No

Must work 1000 hours during the year to get a contribution: Yes No

Fixed

Amount: _____% of pay Integrated with Social Security

Must be employed on the last day of year to get a contribution: Yes No

Must work 1000 hours during the year to get a contribution: Yes No

Match

Amount of Match: \$ _____ per \$1.00

Level of Match: First 6% First 5% First 4% First 3% Other _____

Must be employed on the last day of year to get a contribution: Yes No

Must work 1000 hours during the year to get a contribution: Yes No

EMPLOYEE CONTRIBUTIONS

Employee 401(k) Deferrals: Minimum _____% Maximum _____%

Participant deferral changes: Monthly Quarterly Semi-annually

REPORTING FREQUENCY (Valuations)

Annual Semi-annually Quarterly Monthly

COMPENSATION

Partial Compensation Full Compensation

Exclude: Bonuses Commission Overtime

INVESTMENTS

Will employees be allowed to choose between Investments? Yes No

If Yes, Number of options: Two Three Four _____

AVAILABILITY OF PLAN FUNDS

Vesting of company Contributions: Full and Immediate Most Gradual Schedule Allowed by Law

Effective vesting date: Hire date Plan date

Participant Loans: Yes No Normal Retirement Age: _____

Distributions: Monthly Quarterly Semi-annually

Forfeitures: Reallocated Used to Reduce Future Contributions

In-Service Withdrawals of Employee 401(k) Account: Yes No

In-Service Withdrawals of Employer Account: Yes No

OWNERSHIP AND AFFILIATED ORGANIZATION INFORMATION

Controlling Owners: Shareholder/ Partners/Sole Proprietors Names	% Ownership	Name of Any Other Business(es) Owned by Controlling Owners	Approximate % Ownership

Does the spouse of any controlling owner have an ownership interest in any other business? Yes No

The IRS has special rules for "related businesses." A Pension Consultant will discuss this with you more fully.

Is there a close relationship between the Employer's business and any other business? Yes No

If Yes, does this involve: Affiliated Services Management Services

Does the business utilize Leased Employees? Yes No

PRIOR AND EXISTING PLANS

(Prior and existing plans will have an impact on any new plan being considered. Therefore, omit this section only if Employer has never had a plan.)

Has Employer previously had an employee benefit plan that has been terminated? Yes No

If Yes, give plan type _____, termination date _____ and current status of plan assets (Copies of Plan Documents and the last Annual Report and Valuation should be attached.)

Does the company have an existing retirement plan? Yes No

What type of plan is it? (Check one or more.)

IRS three digit plan

#(s) _____

- Defined Benefit Pension
- Money Purchase Pension
- Target Pension
- Other Qualified Salary Deferral Arrangements (403(b))
- Profit Sharing Plan
- 401(k) Profit Sharing Plan
- Simplified Employee Pension (SEP/IRA)

Will the plan under consideration replace enhance supplement the existing plan?

Check areas of concern, if any, with the existing plan:

Describe:

Need plan analyzed in light of objectives indicated.

Need redesign due to changed business circumstances . _____

Need administrative services review. _____

Need review of plan for compliance with recent legislative changes. _____

None _____

If Employer intends to terminate an existing plan, who will handle termination?

Employer Consultant (A fee is charged for plan termination services.)

Note: A Pension Consultant will request specific information about the existing and/or prior plan(s), if necessary.