



RETIREMENT PLAN QUESTIONNAIRE
(Confidential)

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

Street Address

Mailing Address (if different from street address)

Telephone No./Fax No.

Contact Person & Title

- Corporation
- Sole Proprietor
- Not-for-Profit Organization
- Other

- S Corporation
- Partnership
- Limited Liability Co.

- Professional Service Corp.
- Government Entity

Date Business Began

Date Incorporated
(Corporations Only)

Fiscal Year End
(Month/Day)

Nature of Business Activity

Business Code

Employer Tax ID No.

CLIENT ADVISORS

Accountant _____

Attorney _____

Company _____

Company _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

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 (____) _____

Send copies of Plan Information Yes No

Submitted by: _____

Date: _____

EMPLOYER'S PRELIMINARY PLAN DESIGN 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 intent to adopt the plan? _____

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

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 _____

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

Discretionary Profit Sharing Contribution Allocated: Proportional to Pay
 Integrated with Social Security
Must be employed on the last day of 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

Match Amount of Match: \$ _____ per \$1.00
Level of Match: First 6% First 5%
 First 4% First 3%
 Other _____

EMPLOYEE CONTRIBUTIONS

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

REPORTING FREQUENCY

Annual Semiannually Quarterly Monthly

INVESTMENTS

Will employees be allowed to choose between investments? Yes No
If Yes, number of options: Four Five _____
Will individual life insurance be offered? Yes No

AVAILABILITY OF PLAN FUNDS

Vesting of Company Contributions:
 Full and immediate Most Gradual Schedule allowed by Law
 Other (specify): _____

Participant Loans: Yes No

Normal Retirement Age: _____ Early Retirement Age: _____

Forfeitures: Reallocated Used to Reduce Future Contributions

In-Service Withdrawals of Employee 401(k) Account:
 Yes No, of Employer Profit Sharing Account: Yes No

OWNERSHIP AND AFFILIATED ORGANIZATION INFORMATION

Controlling Owners: Shareholder/ Partner/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

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

Will the plan under consideration replace enhance supplement 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

FAMILY MEMBERS

Important: In order to analyze compliance with the Nondiscrimination and Coverage Tests required by the IRS, the following family member information is needed.

Are there any employees related to any Highly Compensated Employees, defined as an owner, officer or employee earning over \$66,000.00 (i.e. spouse, child, parent, grandparent, grandchild or in-law)?

Yes No

If Yes, please list and indicate family relationships (attach additional sheets as needed).

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Is a formal Plan Illustration desired? Yes No

{ The Plan Illustration shows plan contributions and benefits (total and per employee), as well as a projection of retirement fund accumulations and estimated tax savings. }