

**PLAN INFORMATION QUESTIONNAIRE  
For the Year Ending \_\_\_\_\_**

**I. Employer Information:**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ EIN: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Business Entity\*: \_\_\_\_\_  
 \* (Corporation, Sole Proprietor, Partnership, S-Corporation, Non-Profit, etc.)

Officers/Title: \_\_\_\_\_ Directors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Owners:</u>		<u>Family Relationships:</u>	
<u>Owner Name</u>	<u>% of Ownership</u>	<u>Employee Name</u>	<u>Related to/Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there is not sufficient space provided, please attach a separate sheet.

**II. Would you like us to e-mail your next year-end data request package?**

\_\_\_\_\_ yes \_\_\_\_\_ no

***If no, would you like your census via \_\_\_ cd or \_\_\_ diskette***

**III. Contributions:** Please provide information for any and all types that apply.

**Profit Sharing Contribution:** Limited to a deductible contribution of 25% of covered payroll effective January 1, 2002. Please confirm your contribution amount for this plan year (tax deduction): \$\_\_\_\_\_. If you would like us to calculate either the optimum or maximum contribution for you, please contact us.

**401(k) Plans:** Please provide all employee elective deferrals and matching contributions on the attached census. If you are making a discretionary contribution, in addition to employee deferrals and employer match, please confirm the amount of your discretionary profit sharing contribution above.

**Reminder:** Any discretionary contributions to a plan MUST be made by Board Resolution and recorded in the minutes of a Board Meeting held prior to filing the company's tax returns. Specimens are included with this data request.

Contributions made during this Plan Year towards this year's contribution:

<u>Date</u>	<u>Amount</u>	<u>Investment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contributions made during this year towards last year's contribution:

<u>Date</u>	<u>Amount</u>	<u>Investment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. Bonding:**

ERISA requires that every fiduciary and anyone who handles funds or other property of the plan must be bonded. The bond must cover at least 10% of the amount handled by the bonded individual; it may not be for less than \$1,000 and need not be greater than \$500,000. In the case of a plan covering only the owner and/or spouse, the plan is not subject to the bonding requirements.

Amount of Bond Coverage:\$ \_\_\_\_\_

Name of Surety Company: \_\_\_\_\_

**V. Controlled Group/Affiliated Service Group:** Please note that "yes" answers to any of these questions may necessitate additional information.

Do any of the owners of this business (or their family members) have any ownership in another business?

\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please identify as follows:

<u>Owner Name</u>	<u>% Ownership in Other Business(es)</u>	<u>Name of Business</u>	<u>EE's</u>	
			<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does this employer or any related business own any other business?

\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please identify as follows:

<u>Other Employer</u>	<u>% Ownership in Other Business(es)</u>	<u>Name of Business</u>	<u>EE's</u>	
			<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Where there is common ownership, does this business or an affiliated business provide services for each other, or together provide services to a third party?

\_\_\_\_\_ yes \_\_\_\_\_ no

**VI. Other Plans:**

Does this employer currently maintain any other retirement plans outside of those administered by our firm?

\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please specify:

Has this employer ever maintained any other retirement plan?

\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please specify:

Does this employer currently maintain a Section 125 cafeteria plan?

\_\_\_\_\_ yes \_\_\_\_\_ no

**VII. Leased Employees:**

Have any individuals performed services for the employer as a leased employee?

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please indicate the number of leased employees employed during the year: \_\_\_\_\_.

**VIII. 5500 Questions (Fiduciary Questions) Note that we rely upon your answers in completing the Form 5500 and related schedules.**

Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ amount

Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ amount

Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? [the earliest date on which such contributions can reasonably be segregated from the employer's general assets – translation: the same date as federal payroll tax deposits]

\_\_\_\_\_ yes \_\_\_\_\_ no

Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

\_\_\_\_\_ yes \_\_\_\_\_ no

Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ amount

Did the plan acquire or hold any employer security or employer real property?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ amount

Has the plan granted an extension on any delinquent loan owed to the plan?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ amount

Have you had any employees leave the company for military service?  
\_\_\_\_\_ yes                      \_\_\_\_\_ no                      If yes, please specify:

Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year?  
\_\_\_\_\_ yes                      \_\_\_\_\_ no                      \_\_\_\_\_ amount

Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the plan or received anything of value from any such party?  
\_\_\_\_\_ yes                      \_\_\_\_\_ no                      \_\_\_\_\_ amount

**IX. Would you prefer a copy of your plan year end reports to be sent to your CPA and/or attorney?**

\_\_\_\_\_ yes                      \_\_\_\_\_ no                      If yes, please indicate name and address:

Individual: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**X. Please add any additional comments/questions you have regarding your plan:**

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

**I HEREBY CERTIFY that the information provided in this questionnaire for preparation of the annual plan valuation is complete and accurate to the best of my knowledge.**

**Company:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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