

RETIREMENT PLAN QUESTIONNAIRE

Legal Name of Business: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ email address: _____
Employer ID: _____ - _____ Fiscal Year End: _____
Business Entity: [] Corporation [] "S" Corporation
 [] Sole Proprietor [] Partnership
 [] Professional Service Corp. [] Not-for-Profit Organization
 [] LLC (*taxed as partnership*) [] LLC (*taxed as corporation*)
 [] Government [] Other

Number of Employees: _____ Full-Time (Greater than 1,000 hours per year)
 _____ Part-Time (Less than 1,000 hours per year)
 _____ Union
 _____ Leased

What is anticipated start-up date of the Plan? _____

Who will act as Trustee(s): (generally company owners / officers): _____

This questionnaire completed by: _____ Title: _____
(please print name and sign below)

Signed: _____ Date: _____

PRELIMINARY DESIGN OBJECTIVES

Do you know the specific type of plan you want to establish? [] No [] Yes (indicate type)
[] Profit Sharing [] 401(k) [] Defined Benefit [] Most Suitable

If 401(k), does company want to offer employees opportunity to make after-tax (Roth) as well as pre-tax contributions? [] No [] Yes

Does the company want flexibility in deciding amount (if any) to be contributed annually? [] No [] Yes

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? [] No [] Yes

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

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 deduction 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 employees to contribute	_____ Replace lost IRA deductions

PLAN PROVISIONS

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

ELIGIBILITY

Who will be excluded from plan? Union Leased Other _____

Minimum Age (21 or less): _____

Waiting period (Maximum 1 year for 401(k) Plans): _____ Months _____ Years

Age and service requirements waived for plan start-up?: Yes No

Number of entry dates per year: Two Four Other _____

Should eligible employees who do not return enrollment forms be automatically enrolled unless they request in writing not to participate? Yes- enroll at _____% No

COMPANY CONTRIBUTIONS

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

Discretionary Profit Sharing Proportional to pay
 Favor highly paid
 Favor older employees
 Favor owners

Match Match to be calculated and deposited at end of plan year
 Match will be deposited with each payroll

Formula (if known): _____

(Example: 50% of first 6% means employer will match 50 cents of every dollar employee contributes up to 6% of salary for maximum employer match of 3% of employee's salary)

REPORTING FREQUENCY

Annual Semiannually Quarterly

INVESTMENTS

Will employees be allowed to direct the investment of their accounts? No Yes

VESTING OF COMPANY CONTRIBUTIONS:

100% upon entering plan Most gradual schedule allowed by law

Do you want to exclude years of service prior to the plan's effective date? No Yes

AVAILABILITY OF PLAN FUNDS

Participant Loans: No Yes

Hardship withdrawals from employee's 401(k) account No Yes

Hardship withdrawals from 100% vested Employer accounts No Yes

KEY AND HIGHLY COMPENSATED DETERMINATION

OWNERSHIP

Corporations: Provide breakdown of stock ownership by listing names and percent of stock owned.

Un-incorporated businesses: Provide the capital or profit interest breakdown.

Owner Name	Stock %	Owner Name	Stock %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMPANY OFFICERS

President: _____	Secretary: _____
Vice Pres.(s): _____	Treasurer: _____
_____	Other(s): _____

FAMILY MEMBERS

List all employees who are family members of stockholders and/or Officers listed above.

<u>Employee</u>	<u>Related to</u> <i>(Officer &/or Stockholder above)</i>	<u>Relationship</u> <i>(Child, Spouse, In-law, etc.)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMON OWNERSHIP

Do any of the owners of this company, their spouses or immediate family members have ownership in any other businesses? No Yes

Name	Relationship to Owner	Business Name	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HIGHLY COMPENSATED EARNINGS

Did any employees not listed above have compensation in excess of \$95,000 last year?

No Yes - List names below

_____	_____	_____	_____
_____	_____	_____	_____

*****ATTACH MOST CURRENT CENSUS INCLUDING:*****

EMPLOYEE NAME	SOC. SEC. #	BIRTH DATE	HIRE DATE	ANNUAL EARNINGS	FULL TIME (> 1000 HRS) OR PART TIME
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(This page applicable only if company has ever sponsored or currently sponsors another retirement plan)

PRIOR AND EXISTING PLANS

Has Employer ever sponsored a qualified plan that has been terminated?

No

Yes Plan Type _____ Termination Date _____

Current status of plan assets _____

Does the business currently contribute to any other qualified retirement plan?

No

Yes Name of Plan _____

Type Defined Benefit Pension Money Purchase Pension Profit Sharing

401(k) Profit Sharing Target Benefit Pension SEP / SARSEP

Other _____

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

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

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 be handle the termination?

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

A Plan Consultant will request specific information about existing and/or prior plan(s).