

Retirement Plan Questionnaire

- Plan Design Review
- New Plan

EMPLOYER INFORMATION

1. Company Name: _____
2. Address: _____
3. Employer Contact (name and title): _____
4. Telephone Number: (____)_____ Fax Number: (____)_____ Email: _____
5. Type of Business Entity:

<input type="checkbox"/> "C" Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC
<input type="checkbox"/> "S" Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLP
<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Governmental Agency	
6. Nature of Business: _____
7. Do you have Offices or operating facilities in more than one location? Yes No
8. Date Business Started: _____ Fiscal Year End: _____

9. Principals:

Owners of Business	% of Voting Stock or Ownership	Employed in Business (Yes or No)

NOTE: In some instances it may be possible to design the plan in a manner that favors the business owners. It is also necessary to identify the business owners for purposes of non-discrimination testing.

10. Family Members (Complete here or include on census form.)

- Are any family members of owners also employed in the business i.e., spouse, child, parent?
- No Yes (list below)

Employee Name	Owner to Whom Related	Relationship to Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Does the business have union employees? Yes No
If Yes, does the employer contribute to any retirement plan on their behalf? _____

12. Employee turnover rate is:
 Minimal Moderate High

13. What statement best describes employer income or profits?
 Stable from year to year.
 Fluctuate moderately from year to year.
 Widely fluctuating.

14. A. How do you administer your payroll?
 In House Manually
 In House using the following system:
 External payroll vendor (please give name):

B. What is your payroll Frequency?
 Weekly Bi-Weekly Semi-Monthly Monthly

15. Did you previously sponsor an employee retirement/savings plan that has been terminated?
 Yes No

If yes, please specify type of plan and approximate date of termination.

16. Other Business Interests:

Businesses that are under common ownership or control, or which are affiliated in certain ways, are generally treated as a single employer for retirement plan purposes. The following questions are designed to identify situations which might cause the employer to be considered a member of a "controlled group" or "affiliated service organization".

A. Do the principals possess an equity interest in any other business?

B. Is this business affiliated with any other businesses?

C. Is this business a subsidiary or owner of any other businesses?

D. If you answered "Yes" to any of the questions 1-3 above, please describe ownership or service relationship:

EMPLOYEE CENSUS

Please attach a current employee census indicating each employee's name, date of hire, date of birth, total annual compensation and approximate hours worked for the most recent calendar year or corporate fiscal year. (*Sample form available*)

PLAN OBJECTIVES

1. How important are each of the following objectives to you (1 = very important; 5 = not important)

Circle your response

- | | | | | | |
|---|---|---|---|---|------------------------------------------------------------------------------------------------------------------|
| 1 | 2 | 3 | 4 | 5 | Attract and hold quality employees. |
| 1 | 2 | 3 | 4 | 5 | Reward Key Employees. |
| 1 | 2 | 3 | 4 | 5 | Maximize contributions to majority business owner(s). |
| 1 | 2 | 3 | 4 | 5 | Provide tax-favored savings opportunity for employees. |
| 1 | 2 | 3 | 4 | 5 | Allow each participant to control the investment of his/her plan account. |
| 1 | 2 | 3 | 4 | 5 | Maximize current tax deduction for business. |
| 1 | 2 | 3 | 4 | 5 | Contribution flexibility (being able to determine employer contributions on a year-by-year basis). |
| 1 | 2 | 3 | 4 | 5 | Channel higher percentage of plan contributions to a specific group of employees, e.g., owners, management, etc. |

2. If you are interested in creating different tiers of benefits for the following groups within your company, please rank them from most to least favored, where one (1) is the most favored. Please indicate only those that apply.

- No particular group (treat everyone the same)
 Owners*
 Officers*
 Highly Compensated (earnings > \$100,000)
 Management*
 Employees with more than _____ years of service
 Other Group/Individuals* _____

***Please indicate on census form**

3. Should employees be allowed to contribute to the plan, e.g., should the plan include 401(k) provisions?

- Yes No Not sure

4. Would you be able and willing to commit to a minimum employer contribution of 3% of participants' wages?

- Yes No

5. What level of total employer contribution might you be able to contribute on an annual basis?

- None _____% of pay \$_____

6. Investment option preferences (if any): _____

7. Other Objectives: _____

REQUESTED BY

Financial Advisor: _____ Branch Location: _____

Completed By: _____ Date Completed: _____