



Fact Finder - US Design

Primary Employer Information

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ADVISOR INFORMATION

If you are an advisor assisting your client with a retirement plan design, please provide us with the following information

<input type="text"/>	<input type="text"/>
Financial Advisor Name	Company Name
<input type="text"/>	<input type="text"/>
Phone	Email

ACCOUNTANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Accountant Name	Phone	Email

BUSINESS INFORMATION

<input type="text"/>	<input type="text"/>	
Business Legal Name	Business E.I.N. #	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Fax	Employer Fiscal Year End
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

PRINCIPAL CONTACT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Phone	Email

ADDITIONAL CONTACT(S) INFORMATION

Please note: If you identify more than one contact above, please ensure that you indicate which contact is the principal contact to whom all correspondence with respect to the plan will be sent. Also, each contact listed must be permitted to view, provide and receive confidential information with respect to your organization and its employees.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Email	Name	Email

Owners, Officers, Directors, Relatives

Please enter in the spaces below the name of each owner, officer, and director of the Primary Employer

NAME	OWNERSHIP %	OFFICER/TITLE
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If any of the owners, officers or directors listed above employ any family members who received W-2 earned income from the primary employer please list them below.

NAME	RELATIVE OF	RELATION
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Entity (select one of a, b, c, d, e or f):

A. Limited Liability Company:

(1) C Corporation (2) S Corporation (3) Sole Proprietorship (4) Partnership

(5) Disregarded Entity; The reporting entity is a

B. (C Corporation) C. (S Corporation) D.(Sole Proprietorship) E.(Partnership) F. Other:

Section 2 (Additional Information)

Related Employer Determination.

The IRS considers all employers that are part of a controlled group or affiliated service organization as a single employer (even if you are self-employed and own stock/shares or are affiliated with another 'related' business). It is extremely important you provide us with information about all employers that are related, particularly if they have employees. We recommend that you consult with your tax attorney/CPA before answering the following questions if you are unclear about the answers to the questions below:

Is the Primary Employer a member of a controlled group of businesses? [] Yes [] No
Is this employer affiliated with any other employer as part of an affiliated service group? [] Yes [] No

Table with header 'LIST OTHER BUSINESSES' and three empty rows for data entry.

EMPLOYEE INFORMATION

Do you have any employees who perform services for your company and who get W-2 from another company or leasing company? [] Yes [] No

If "Yes" provide us with the name and phone number of the contact of leasing company:

Input fields for Company Name and Phone.

Is the Primary Employer or any Related Employer use the services a Professional Employer Organization (PEO)? [] Yes [] No
(A PEO is a firm that provides a service under which an employer can outsource employee management tasks, such as employee benefits, payroll and worker's compensation.)

If "Yes", provide us with the name and phone number of the contact at the PEO:

Input fields for Contact Name and Phone.

If "Yes", has the Primary Employer or a Related Employer adopted the PEO's qualified retirement plan? [] Yes [] No

Are any employees or group of employees of the Primary Employer, or of a Related Employer, subject to a good-faith collective bargaining agreement, i.e., union employees? [] Yes [] No

Input fields for Contact Name and Phone.

If there are union employees, do you want to exclude these employees from the plan design? [] Yes [] No

Do you have employees who perform services in Puerto Rico? [] Yes [] No

PRIOR OR EXISTING PLAN INFORMATION

Does the Primary Employer or a Related Employer currently sponsor another qualified plan? If "Yes", identify below: [] Yes [] No

Table with columns: PLAN NAME, EIN, IRS PLAN#, PLAN STATUS. Three empty rows for data entry.

If the Primary Employer or a Related Employer currently sponsors any of the following employer sponsored IRAs, please check the appropriate box:

- [] SEP (Simplified Employee Pension) [] SARSEP (Salary Reduction Arrangement SEP) [] 401(k) [] Profit Sharing
[] SIMPLE-IRA (Savings Incentive Match Plan for Employees — IRA) [] Defined Benefit [] Cash Balance

If you sponsor a SEP/Simple have you made contributions to those plans for the current year? [] Yes [] No

Attestation

I hereby confirm that the above (and the information on any addendum) is complete and accurate.

Printed Name

Company Name

Date / /

A

Addendum I

If related employers exist, the addendum must be completed for each additional employer that will have W-2 employees.

BUSINESS INFORMATION

Business Legal Name Business E.I.N. #

Phone Fax Employer Fiscal Year End

Address

City State Zip Code

PRINCIPAL CONTACT INFORMATION

Name Phone Email

ADDITIONAL CONTACT(S) INFORMATION

Please note: If you identify more than one contact above, please ensure that you indicate which contact is the principal contact to whom all correspondence with respect to the plan will be sent. Also, each contact listed must be permitted to view, provide and receive confidential information with respect to your organization and its employees.

Name Email Name Email

Owners, Officers, Directors, Relatives

Please enter in the spaces below the name of each owner, officer, and director of the Primary Employer

NAME	OWNERSHIP %	OFFICER/TITLE

If any of the owners, officers or directors listed above employ any family members who received W-2 earned income from the primary employer please list them below.

NAME	RELATIVE OF	RELATION

Type of Entity (select one of a, b, c, d, e or f):

- A. Limited Liability Company:
 - (1) C Corporation (2) S Corporation (3) Sole Proprietorship (4) Partnership
 - (5) Disregarded Entity; The reporting entity is a
- B. (C Corporation) C. (S Corporation) D. (Sole Proprietorship) E. (Partnership) F. Other: