



PENSION SERVICES
DESIGNING RETIREMENT PLANS FOR MAXIMIZED CONTRIBUTIONS

Designing Retirement Plans for Maximized Contributions

PERFORMING TO A HIGHER STANDARD

Primary Employer Information

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BUSINESS INFORMATION

Business Legal Name Business E.I.N. #

Phone Fax Employer Fiscal Year End Employer Business Code

Address

City State Zip Code

PRINCIPAL CONTACT INFORMATION

Name Email

ADDITIONAL CONTACTS

Name Email

Name Email

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.

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:

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

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

BUSINESS NAME

EMPLOYEE INFORMATION

Do you have any employees who perform services for another company and who get W2 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 type="text"/>	<input type="text"/>
Company Name	Phone

Is the Primary Employer or any Related Employer a member of a Professional Employer Organization (PEO)?

Yes No

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

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

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

<input type="text"/>	<input type="text"/>
Contact Name	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?

Yes No

If "Yes", identify below:

PLAN NAME	EIN	IRS PLAN#	PLAN STATUS

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

ACCOUNTANT INFORMATION

Does the employer use the services of an accounting firm? If "Yes", please identify below.

Yes No

Name

Email

ACCOUNTANT FIRM INFORMATION

Firm name

Phone

Fax

Address

City

State

Zip Code

OTHER INFORMATION

Predecessor Third Party Administrator (TPA):

Phone

Fax

TPA CONTACT INFORMATION

Name

Email

TAKEOVER EFFECTIVE DATE

Effective Date for Takeover/Conversion — for example, if you will be using your prior TPA through the valuation for the plan year ending December 31, 2012, the effective date for our takeover/conversion of your plan is January, 01, 2011:

Effective Takeover Year

REVIEW PLAN PROVISIONS

Would you like us to review the existing plan provisions for possible changes?

Yes No

If "Yes", identify the specific plan provisions you would like us to evaluate below:

PROVISION	COMMENTS

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.

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