PENSION SERVICES INC
DESIGNING RETIREMENT PLANS FOR MAXIMIZED CONTRIBUTIONS

Fact Finder - US Design

Primary Employer Information

1

ADVISOR INFORMATION

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

Advisor Name | Company Name

Phone | Email

PAYROLL INFORMATION

Payroll Providers Name | Payroll Frequency | Email

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

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 it employees.

ADDITIONAL CONTACT(S) INFORMATION

Name | Email

Name | Email

Name | Email

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

Include Addendum Attachment if you need additional Space

Section 2 (Additional Information)

2

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. *Please note that this determination is based on rules in the Internal Revenue Code, and can be very complicated depending on each company's specific situation. A determination in this regard should be made by a competent attorney, CPA, etc., with expertise in this area.*

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

LIST OTHER BUSINESSES [If the Ownership or Tax Structure Changes in the future, please let us know]

I hereby certify that answers above regarding controlled group and/or affiliated service group status have been made based on guidance received from an individual with expertise in this area, and that this information can be relied upon. ☐ Yes ☐ No

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:

Company Name _____ Phone _____

Is the Primary Employer or any Related Employer use the services a Professional Employer Organization (PEO)? If "Yes", provide us with the name and phone number of the contact at the PEO: ☐ Yes ☐ No

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? If "Yes", provide us with name and phone number of the contact of the union: ☐ Yes ☐ No

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

Did the Primary Employer or a Related Employer Sponsor a qualified plan in the **past?** If "Yes" identify the below: ☐ Yes ☐ No

PLAN NAME	EIN	IRS PLAN#	PLAN STATUS

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

PLAN NAME	EIN	IRS PLAN#	PLAN STATUS

Note: You must consult with us before allowing the Primary Employer, or a Related Employer (as described in the "Related Employer Determination" section of this page), to establish a new retirement plan in addition to any plan we are assisting you to establish now. Establishing another retirement plan in addition to the plan we are assisting you to establish now could have **severe** negative impacts on any existing retirement plan(s) maintained by the Primary Employer or a Related Employer.

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 co rm that the above (and the informa on any addendum) is complete and accurate.

Printed Name _____ Company Name _____ Date ___/___/___

Section 3 (Additional Information)

Nature of the Business

The nature of the business has an impact on the deduction amount(s) we can illustrate on plan designs for your entity. Please include a short description below of the services your business provides.

PROVIDE BUSINESS WEBSITE (IF APPLICABLE)

PROVIDE PROFESSIONAL LICENSES (IF APPLICABLE)

ADDITIONAL QUESTIONS FOR PBGC COVERAGE DETERMINATION (TO BE ANSWERED BY THE CLIENT/ AUTHORIZED PERSON)

Please understand the questions below are important for us to make an initial determination on the plan's PBGC Coverage Status. Your plan's coverage status has a tremendous impact on the amount of contributions you may be able to fund for certain types of plans.

1. What are your designations?

2. Do you have any degrees (post high school education)? If so, which degrees do you have?

3. Please describe how many years of experience you have in your line of work and the type of clientele you serve (including the affluence / wealth of clientele).

4. Do you have any continued education requirements?

K-1 INCOME INFORMATION

We ask that you provide us with K-1 Income for the previous year as this will help us determine the deduction amount we can propose and also the plan compensation that is feasible for the plan.

NAME	PREVIOUS YEAR K-1 INCOME (LINE 14 FORM 1065)

Attestation

I hereby understand that this information will be used to determine the PBGC Coverage status of the plan (when necessary) and that I agree with Pension Services's initial Determination of such. Furthermore, I understand that my PBGC Coverage status will affect the deductible funding amounts for certain plans.

Printed Name

Signature

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

Employer Business Code

Address

City

State

Zip Code

PRINCIPAL CONTACT INFORMATION

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 it employees.

ADDITIONAL CONTACT(S) INFORMATION

Name

Email

Name

Email

Name

Email

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

Include Addendum Attachment if you need additional Space