

CONFIDENTIAL PLAN QUESTIONNAIRE

The intent of this questionnaire is get to know your company better and ask questions that can cause a plan to be disqualified by the IRS. We do not expect you to understand all the terminology but more so invoke conversations about that topic during our initial meeting or conference call. Please answer the best you can and send to Jim@PPC-TPA.com and we can finalize together.

Legal Company Name: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____ Website: _____

Plan Type: 401(k) w/ Profit Sharing Profit Sharing Only 403(b)
 Personal Brokerage Money Purchase Other _____
 New Comparability Best Plan Design

Business Entity Type: C-Corporation S-Corporation Partnership
 Sole Proprietorship LLP Government Entity
 Professional Service Corp 501(c)(3) LLC (taxed as a...)
 Tax Exempt (Specify Type) _____ Partnership Corp S-Corp

Total Number of all Employee's: _____ Total Number of Eligible Employee's: _____

Business Start Date: _____ Employer Tax Id: _____
 If Incorporated, what State: _____ IRS Business Code: 6-digit _____
 Nature of Business: _____
 Employer Tax Year: Calendar Fiscal (Please Provide) _____

Plan Responsibilities

Who will be the plan trustee(s)? _____
 Who will be the primary contact? _____
 Preference in the Plan Name? _____

Payroll and Compensation

What type of compensation does your company provide to all employees including management/owners?

Bonuses Overtime
 Commissions Other _____

Do you want any wages excluded from the definition of plan compensation ?

_____ NO , include all Wages (default) _____ Yes, exclude _____

Employer Objectives in Establishing a Retirement Plan: (Check all that Apply)

- | | |
|--|---|
| <input type="checkbox"/> Recruit or hold employees | <input type="checkbox"/> Reduce corporate income taxes |
| <input type="checkbox"/> Improve competitive position in job market | <input type="checkbox"/> Maximize benefits for owners |
| <input type="checkbox"/> Reward long-term employees | <input type="checkbox"/> Provide for retirement of specific employees |
| <input type="checkbox"/> Promote employee identification with business | |

Recurring Contributions (Budget)

How much money (\$ amount or percentage of payroll) are you willing to commit to the plan to achieve these goals? _____

As owner, what are you interested in getting out from the plan ? (e.g. would like to defer the max of 19,000..... or I would like to get to the IRS max allowed to me in a 401k of \$56,000)

what are your goals for the plan ? _____

Accountant/CPA Firm	Payroll Provider
Firm Name:	Payroll Company:
Primary Contact:	Primary Contact:
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email:	Email:
	Payroll Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-Monthly
	Next 3 Payroll Pay Period End Dates:
	Is Pay period end Date the same as Check Date?

Ownership and Affiliated Organization Information (add a separate sheet if necessary)

BEWARE! There is perhaps no better way to get in trouble with IRS than to improperly account for ALL relationships between this plan and other businesses. Please take this section very seriously. The information must be:

- Complete
- Accurate
- Precise (e.g., precise legal names of entities, precise percentages of ownership, etc.)

Why does PPC need to know Ownership and Affiliated Organization Information? The rules for which companies and employees must be covered for a qualified plan are extremely complex. Failing to disclose all of the details requested could lead to plan disqualification, "corrections" that are prohibitively expensive, taxes, penalties, interest payments, and civil lawsuits.

What does PPC need to know? Please see the boxes below and complete as much as possible.

Names of Shareholder(s)/ Partners/Sole Proprietor	Ownership %	Other Business(es) Ownership	Ownership % in Other Business(es)



Employees Who Are Family Members of Owners	Owner Related to Employee	Relationship (spouse, adult child, minor child, in-law, etc.)	Name of Other Business Owned by Family Member

Is the plan sponsor a member of a...

- Yes No **Controlled Group** ? Generally is a group of Corporations, Partnerships, Sole-Proprietorships or Trusts that must be considered as a single entity as a result of satisfying one or more tests.
- Yes No **Parent Subsidiary** ? One business entity owns 80% more of another.
- Yes No **Brother-Sister**? Five or fewer persons own more that 50% interest with respect to each entity. When computing the percentage of ownership, a person also has the percentage owned by the person's spouse, his/her minor child.
- Yes No **Affiliated Service Group**? Is a group that is a management organization and a recipient organization. A management organization that has more that 50% of its income produced as a result of management services provided to another entity (a recipient organization). Management services are any services that would normally be performed by an employee.

If Yes, please detail:

Other Qualified Plans

Does the Employer now or has it ever sponsored for its employees:

- A simplified employee pension (SEP) plan? Yes No
- A defined benefit pension plan? Yes No
- A defined contribution pension plan? (including a target benefit plan)? Yes No
- A qualified profit-sharing plan (including 401(k) or ESOP)? Yes No

If Yes, please complete the information below:

(Note: Termination of a Plan is not a distributable event if a new Plan is started in 12 months.)

Plan Name: _____ Plan # _____

Effective Date: _____ Termination Date: _____

Are there any other employers who adopted the plan? Yes No

If yes, please describe below:

Plan Eligibility Requirements

- Does the business have union employees? Yes No
- If yes, were their retirement benefits the subject of good faith bargaining? Yes No
- Does the business use leased employees? Yes No
- If Yes, how many? _____ Is this greater than 20% of NHCE's? Yes No



Which employees do you want to try to exclude in your plan? (must use a job classification... Part-time and Per Diem are not job classifications)

- None
- Union employees whose retirement benefits were the subjects of good faith bargaining
- Non-resident aliens
- Other (i.e., Independent Contractor) _____

Minimum age to enter plan: _____ years (maximum allowable is 21)

Minimum service: _____ years (most plans cannot exceed 2 years, 401(k) = 1)

Must employee complete 1,000 hours of service in order to be eligible? Yes No

Are initial eligibility requirements being waived for the initial enrollment? Yes No

Are you recognizing employee service with predecessor employer for participation and vesting purposes? Yes No

If yes, who is the predecessor employer? _____

Eligible Enrollment Periods will be Semi Annual (January 1st & July 1st) unless otherwise indicated: _____

If this is a new plan, will compensation be retroactive to plan year beginning date? Yes No

For employee's first year of participation, compensation shall be recognized as of:

- First day of Plan year
- Date entering Plan (default)
- Other _____

Additional Comments:

Employer Contributions

What will be the formula for matching contributions? : (e.g. IRS Safe Harbor)

Are other non-matching employer contributions (*ie profit sharing*) permitted in the plan? If yes, what is the formula for determining the profit sharing employer contributions? Yes No

e.g. Maximize Owner(s) to IRS limits

- A sum to be determined each Plan Year by Employer Resolution. _____
- _____% of Compensation of all Participants

If employer contributions are made annually, is there a 1000 hour/last day requirement? If plan design allows... Yes No



Vesting

Vesting Schedule for all Employer Contributions (Safe Harbor vesting is 100% immediate):

- Immediate 1 Yr Cliff 3 Yr Cliff
- 2/20 (default) 5 Yr Graded Other _____

Should vesting start from effective date or plan or DOH? ... effective date of Plan from Date of Hire (default)

Are Death distributions fully vested? Yes No (default)

Are Disabled distributions fully vested? Yes No (default)

Loans / Withdrawals

Will the plan allow participant loans? Yes No (default)

Will the loan provision only be utilized for hardship or financial necessity? Yes No (default)

Does the plan allow for in-service age 59½ withdrawals? Yes No (default)

Does the plan allow for hardship withdrawals? Yes No (default)

 If yes, will the withdrawal be restricted to 401(k) deferral monies only? Yes No

 Rollover also? Yes No

Wish List / Characteristics

This section is design for you to state what you want to see and what you want to exclude. It is intended to provide conversations in the design of your plan document and for Pension Plan Consultants LLC to

Electronic pdf of Plan Document

The plan document that will be created based on the characteristics and features you wanted in your plan. The already IRS/DOL approved document will consist of about 150 pages.If you would like us to provide your legal plan documents via an Adobe .pdf email please let us know. We will always be a backup to your document. Please check a box.

YES, please send all plan document via Adobe .pdf email (default answer)

No, Please send plan document via snail mail

Approval to Proceed

Signature of Plan Representative: _____
Date

Print Name: _____

Send signed questionnaire along with supporting documents to:

Pension Plan Consultants, 653 Skippack Pike, Suite 210, Blue Bell PA 19422 Fax (877) 626-7576 or scan to Jim@PPC-TPA.com

