
EMPLOYER INFORMATION QUESTIONNAIRE

A. Employer's Fiscal Year End: ___ / ___ / _____

B. Type of Entity: C Corporation Partnership
 Sole Proprietor S Corporation
 P.C. or P.A. Non-Profit
 Other: _____

C. Were there any changes during the last year in the following

- Board of Directors
- Officers
- Partners (if partnership)
- Trustees
- CPA, Accountant or Investment Manager
- Stock Ownership

New Information: _____

D. (1) Does the Company, partners or proprietors own any interest in other businesses? (Do not include stock listed on a Stock Exchange).

Yes No

(2) Does any other business own an interest in the Company?

Yes No

(3) Is the company managed by another firm or does the company perform managerial services for another firm?

Yes No

(4) Does the company lease employees to another firm or use leased employees?

Yes No

(5) Does the Employer or any predecessor business (whether or not incorporated) currently maintain, or has ever maintained, another Plan?

Yes No

There are special coverage and participation rules governing commonly controlled businesses. If you answered yes to any of the above, please provide the details (i.e. provide name, type of entity, owners, percentage of ownership, etc.).

E. Do you have an e-mail address where you would like to receive correspondence?

Company website? _____

F. List all person(s) (and employee relatives of these persons) who, at any time during the year, had ownership in the Company (stock if corporation, capital or profits if partnership). Please provide % of ownership:

_____ % _____ %

_____ % _____ %

_____ % _____ %

_____ % _____ %

If any of the above owners have a spouse that has ownership in a separate company AND they have children under age 21 together, please provide details on the spouse's ownership in her company.

G. List all persons who served during the year in the capacity of officer or who had officer-like authority with regard to the Company. Provide name(s) and positions(s)

H. Do you maintain an ERISA bond? Yes No

If Yes, amount of coverage _____

Name of Policy insurer _____ Expiration Date _____

I. The IRS and DOL requires that participants' 401(k) contributions be deposited immediately after it is withheld from compensation. Did the Company fail to transmit to the investment provider any 401(k) contributions shortly after withholding? Yes No

If yes, please provide details

J. Did the Company maintain a Section 125 (Cafeteria or premium only) salary reduction plan or made other pre-tax deduction at any time during the year? Yes No

If yes, please ensure that you include the amounts contributed on the employee census.

K. Will there be an Employer contribution for the plan year? If so, please mark the following and we will complete the annual administration based on your response below:

- No contribution will be made.
- Minimum allowable (we will calculate and provide you with the amount)
- Maximum allowable (we will calculate and provide you with the amount)
- \$ _____

- We have not decided. Please provide us with a contribution schedule for us to determine an amount, if any.

The information contained in the employee census is complete and correct to the best of my knowledge and all employees have been reported.

Name

Title

Date