

PLAN DESIGN QUESTIONNAIRE

Contact Name: _____

Accountant Name and Contact Information: _____
(including e-mail address) _____

Broker Name and Contact Information: _____
(including e-mail address) _____

I. Basic Employer Information

A. Employer: _____
Address: _____
City/State/Zip Code: _____

B. Phone#: _____ Fax: _____
Email: _____

C. EIN: _____

D. Form of Business: ___ Corporation ___ S Corp ___ Partnership/LLP ___ LLC ___ Sole Proprietorship ___ Other: _____

E. Employer Fiscal Year End: _____ Date Business Commenced: _____

F. Controlled Group/Affiliated Service Group: ___ Yes ___ No

G. Business Code (6 digits) _____

H. Loans: ___ Yes ___ No

I. Hardship: ___ Yes ___ No

Trustee(s): _____ E-mail Address _____
_____ E-mail Address _____

For Plan EIN application: Name of Trustee _____ SSN _____

PLEASE NOTE – You will be required to ascertain a fidelity bond for your plan as it is an ERISA compliance requirement.