

PensionSpecialist.Net

888.412.4120

Bill@PensionSpecialist.Net

1954 Howell Branch Road, Suite 100

Winter Park, FL 32792

Confidential Survey Data

ADVISOR INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Email	Phone

BUSINESS INFORMATION

<input type="text"/>	<input type="text"/>
Legal Name of Firm	EIN

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

<input type="text"/>
Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

<input type="text"/>	<input type="text"/>
Phone	Fax

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

Type of Business Entity: Corporation Partnership Sole Proprietorship
File as Sub Chapter "S" Corporation: Yes No

<input type="text"/>	<input type="text"/>
Fiscal Year End	Business Code

Corporate Profit Last Two Years:

20_ <input type="text"/>	20_ <input type="text"/>
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Officers, Owners, Directors

Please enter in the spaces below the name of each owner, officer and director of the Primary Employer

Name	Ownership %	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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 the leasing companies:

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:

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 the name and phone number of the contact of the union:

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 below:

Yes	No	Status	Amount of Last Annual Deposit	Voluntary Contributions	Total Trust Asset Value as of _____
		Pension			
		Profit Sharing			

Is the Primary Employer or a Related Employer currently contributing for employees in any qualified plan now in operation?

Yes No If yes, please complete the following:

Type:

SEP SARSEP 401(k) Profit Sharing SIMPLE-IRA Defined Benefit Cash Balance

Status	Amount of Last Annual Deposit	Voluntary Contributions	Total Trust Asset Value as of _____
Pension			
Profit Sharing			

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 confirm that the above (and the information on any addendum) is complete and accurate. 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

Company Name

Date

Attestation:

I hereby confirm that the above (and the information on any addendum) is complete and accurate.

Printed Name

Signature

Date

Addendum I

If related employers exist, this addendum must be completed for each additional employer that will have W-2 employees.

BUSINESS INFORMATION

<input type="text"/>		<input type="text"/>
Legal Name of Firm		EIN
<input type="text"/>	<input type="text"/>	
Principal Contact Name	Email	
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	
Phone	Fax	
Additional Contact Name		Additional Contact Email
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