

Questionnaire completed by: _____ Date: _____

Plan Information (new plans leave blank):Legal Plan Name _____
Plan Number (PN) _____ Date Plan Year Ends _____**Employer/Plan Sponsor Information:**Legal Employer Name _____ Employer ID (EIN) _____
Business Address (not P.O. Box) _____
PHONE _____
Email Address _____ FAX _____
Mailing Address (if different) _____Type of Business Entity: Partnership Sole Proprietorship Professional Service Corporation
 C Corporation S Corporation LLC Other _____
If LLC, taxed as: Partnership Sole Proprietorship C Corporation S Corporation

Date Fiscal Year Ends _____ 6-digit Business Code (from tax return) _____

Date Business was established: _____

Does the employer currently sponsor or has the employer ever sponsored any other qualified plans? Examples are: Defined Benefit, 401(k), Profit Sharing, SEP, SIMPLE. No YesIf yes, list any plans previously or currently maintained by the employer: _____
_____Is the plan sponsor part of a controlled group of corporations or an affiliated service group? No Yes Don't KnowThe plan administrator is: Same as plan sponsor Different than plan sponsor
If different, enter plan administrator name, address, EIN, phone, and email: _____

_____**Trust Information:****Trustee(s) full legal name**

_____If the Trust has a separate legal name (other than the plan name) or if the trust has a separate tax ID, enter here.
Trust Name _____ Trust ID (TIN) _____**Other Information:**_____

Owner/Officer Information:

Please list all individuals who are officers, owners, partners or stockholders. Also list any of their family members who are employees. *Please attach additional pages if necessary.*

Name	Officer	Owner/Partner/Stockholder	% of Ownership / Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Does any owner, partner or stockholder or the spouse of an owner, partner or shareholder of the employer have ownership in any other business not covered by this plan?

No Yes If yes, please explain: _____

Contact Information:

Primary Contact _____ Salutation _____
 Address _____
 Email Address _____ PHONE _____
 Preferred correspondence delivery method*: Electronic Paper

***Note:** all correspondence to below contacts will be sent electronically unless otherwise specified:

Alternative Contact (e.g. for data request) _____ Salutation _____
 Copy on reports/correspondence? Yes No
 Address _____
 Email Address _____ PHONE _____

Accountant _____ Salutation _____
 Copy on reports/correspondence? Yes No
 Address _____
 Email Address _____ PHONE _____

Attorney _____ Salutation _____
 Copy on reports/correspondence? Yes No
 Address _____
 Email Address _____ PHONE _____

Investment Advisor _____ Salutation _____
 Copy on reports/correspondence? Yes No
 Address _____
 Email Address _____ PHONE _____

Other Contact (Specify) _____ Salutation _____
 Copy on reports/correspondence? Yes No
 Address _____
 Email Address _____ PHONE _____

Current Administrative Firm(s) for any qualified plans maintained by the employer _____

Contact Person(s) _____

May we contact the firm(s) at this time? _____