

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? \_\_\_\_\_