

7. Is the firm a member of a Controlled Group or an Affiliated Service Group or does the firm itself, or any owner own part of any other Corporation, Partnership or Proprietorship:

Yes No If yes, complete a, b, c & d

- a. Number of other Corporations _____ Partnerships _____ or Proprietorships _____
- b. Complete a separate Confidential Company Data for each business.
- c. Controlled Group Yes No
- d. Affiliated Service Group Yes No

8. Corporate profit before Federal Income Tax for past two years:

_____ \$ _____ _____ \$ _____

9. Your Attorney's Name and Address

Your Accountant's Name and Address

Phone No. _____

Phone No. _____

FAX No. _____

FAX No. _____

10. Current Union Pension Plans now in operation:

- a. Are you contributing to Union Pension? Yes No
- b. If no, has there been good faith bargaining? Yes No
- c. If yes, provide a copy of Union Booklet outlining benefits to union members.

11. Number of Employees: Total Number of Employees on your payroll (include full-time, part-time, seasonal, etc.)(i.e., all employees).

_____ Union _____ Non-Union _____ Leased Employees

12. Current Qualified Retirement Plans now in operation:

- a. Have you ever made contributions to any Qualified Retirement Plan? Yes No
- b. Are you currently making contributions to any Qualified Retirement Plan? Yes No
- c. If "a" or "b" above is answered yes, complete the following items:

Name of Plan	Type of Plan	Active/Inactive
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Provide copies of the following plan information for plan(s) listed in 12c:

- a. All plan documents, including all amendments thereto.
- b. All annual reports (IRS Forms: 5500, 5500-C, Schedule A, Schedule B*, etc.) filed by the Employer for all past plan years. If all forms are not available, the forms filed for as many available plan years as possible should be submitted.
*If the Schedule B is currently unavailable because it has not yet been prepared, we must receive a letter from the plan administrator stating that the prior enrolled actuary will complete the outstanding Schedule B.
- c. The last two actuarial valuation reports prepared by the present servicing organization for the defined benefit plan.
- d. All IRS determination letter(s) with complete IRS filing data (IRS Forms 5300 or 5307, etc.)
- e. The two most recent asset valuation reports.
- f. Each life and/or annuity contract to be retained in the plan. Identify any policy loans outstanding. Note: A copy of the face page and cash value table is usually sufficient for an ordinary life contract. Interest sensitive contracts will require a detail ledger for the most recent policy year in addition to the preceding information. A complete copy of each annuity contract is required.
- g. If any outstanding participant loan exists, identify the amount of loan and enclose copy of ledger showing payments. Enclose copy of loan agreement(s).
- h. A list of participants that terminated during the prior year and the amount of unpaid benefits for retirees or terminees, including those that are receiving benefits directly from the fund.
- i. For profit sharing, money purchase and target benefit plans only, provide the complete allocation report as of the preceding plan anniversary.
- j. Provide copies of any Top Heavy Calculations and of any individual limitation (IRC §415) calculations.

Proposed Effective Date: _____

I certify that the information contained in the Confidential Survey is, to the best of my knowledge, accurate and complete.

Date

Employer or Authorized Representative

Plan Specifications

Will contribution be made from profits or by reducing owner's reported compensation? _____

What is the desired contribution range? _____

Is a specific retirement age desired? _____

List any known desired plan parameters (optional) _____

Referred by: _____

Consultant: _____