

INITIAL INFORMATION REQUEST

Confidential Client Questionnaire—Transmit Only Through Secure Methods

I. COMPANY INFORMATION

1. Address & Telephone

Company Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

2. Business Entity Type

- Corporation
 S Corporation
 Professional Corporation (PC)
 Limited Liability Company (LLC/LLP): Taxed as: Partnership Corporation
 Partnership
 Sole Proprietorship
 Non-Profit Organization
 Other: _____

Partnerships and Sole Proprietors *must* provide copies of most recent Schedule K-1 or Schedule C, as well as a projection of the current year's Net Profit (Projected Gross Profit less *all* Projected Expenses *except* current year plan contributions).

3. Business Activity Code: _____

4. Employer Tax ID: _____

5. Fiscal Year End: _____

6. Desired or Current Trustees: _____

7. Key Employee Information

- A. If there are 10 or fewer shareholders, identify each and the exact percent of stock owned. If there are more than 10 shareholders indicate only:
1. Owners of more than 5%.
 2. Owners of more than 1% earning more than \$160,000 (indexed) in the current year.
 3. Officers earning more than \$160,000 (indexed) in the current year.

Also include lineal family members of shareholders who are on the payroll and indicate the name of the lineal family member and the relationship to that stockholder.

Name	% Ownership	Lineal Family Member - Name & Relationship

B. Identify all officers. Indicate with an asterisk (*) each officer whose authority is nominal.

Name	Title

C. Identify any other participants who are not current shareholders but who had such status within the last 5 years. Indicate the percent of stock (or other form of ownership interest; partnership interest, membership interest, etc.) formerly owned, indicate family members of former shareholders who were (or are) on the payroll and indicate the date the lineal family members participant no longer owned the stock.

Name	% Ownership	Lineal Family Member - Name & Relationship	Date

8. Related Employers

A. Does the Employer, any Owner or Owner’s lineal family members, own whether wholly or in part, another business? If yes, this means that these businesses are Related Employers. Yes No

B. Related Employers that form either a *Controlled Group* or an *Affiliated Service Group* (as defined under the Internal Revenue Code) are generally treated as one Employer. All Controlled or Affiliated Service Group members are treated as one employer when applying Minimum Participation and Coverage requirements. Use Section C to disclose and describe all Related Employers. SAI will review whether the Related Employers may form a Controlled Group or an Affiliated Service Group. SAI may advise you to consult your own legal counsel to make this determination. In any event, this determination must be made prior to adopting a Qualified Retirement Plan.

Acknowledged: Yes

C. Identify all Related Employers and their ownership structure in the chart on the next page. (Use and attach a separate sheet of paper if there is not enough room in the chart.)

Related Employer Name, Ownership Percentages, Employer ID #, Business Entity Type & Relationship

Company Name:	Owner #1	%
EIN: _____ Business Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> PC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC/LLP (Taxed as: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation) <input type="checkbox"/> This company will also be adopting the plan as a Participating Employer.	Owner #2	%
	Owner #3	%
	Owner #4	%

Describe the relationship between this entity and the other Employers listed:

Company Name:	Owner #1	%
EIN: _____ Business Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> PC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC/LLP (Taxed as: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation) <input type="checkbox"/> This company will also be adopting the plan as a Participating Employer.	Owner #2	%
	Owner #3	%
	Owner #4	%

Describe the relationship between this entity and the other Employers listed:

Company Name:	Owner #1	%
EIN: _____ Business Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> PC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC/LLP (Taxed as: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation) <input type="checkbox"/> This company will also be adopting the plan as a Participating Employer.	Owner #2	%
	Owner #3	%
	Owner #4	%

Describe the relationship between this entity and the other Employers listed:

9. Leased Employees

A *leased employee* is anyone who is actually paid by a leasing company to perform services for your company *under your primary direction and control on a substantially full-time basis for at least 1 year* in accordance with an agreement between the leasing company and your company.

A. Does your company have services provided by employees of a leasing organization? Yes No

B. Are the leased employees covered under a safe harbor plan (10% Money Purchase plan with immediate entry and 100% immediate vesting) maintained by the leasing organization? Yes No

C. Please list the number of Leased Employees and the functions they perform:

10. Union Employees

A. Does your company employ members of a Union? Yes No

B. Have the retirement benefits of the Union Employees been the subject of a good faith Collective Bargaining Agreement? Yes No

C. Please list the number of Union Employees and the functions they perform:

11. Miscellaneous

A. Has your company been involved, or is it anticipated to be involved, in a corporate merger, acquisition, dissolution or bankruptcy? Yes No

B. If applicable, state the name of your company's payroll service: _____

C. State your Date of Incorporation or First Day of Operation: _____

D. Please write any additional questions or comments below:

II. QUALIFIED PLAN INFORMATION

1. Existing Plans

A. Does your company, or any related or predecessor business, currently sponsor any active or inactive retirement plan(s)? Yes No (If No, go to Section II.2 below.)

If Yes, identify these existing plans below and **provide the items listed in Section IV.6:**

Employer Name	Plan Type (Profit Sharing, Defined Benefit...)	# Participants	Active or Inactive

B. Do any members of your Controlled or Affiliated Service Group participate in one of the plans listed above, or any other plan? Yes No

Identify these employers and plans:

Employer Name	Plan Name

2. New Plans

A. Identify the desired plan year: Calendar Year Off Calendar _____ (e.g., 7/1 to 6/30)

B. Identify the type of qualified retirement plan you intend to adopt:

Required Contribution	Discretionary Contribution
<input type="checkbox"/> Cash Balance <input type="checkbox"/> Fully Insured <input type="checkbox"/> Defined Benefit	<input type="checkbox"/> 401(k) <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Other: _____

IV. EXISTING PLAN INFORMATION (IF APPLICABLE)

INSTRUCTIONS

Complete this section if you are requesting that SAI assist you with the administration of your existing retirement plan(s). In order to provide the best possible service, SAI needs your help in compiling the following information regarding your plan(s). Please make every effort to complete this section thoroughly. Additional time spent acquiring missing data, reconciling assets, repeating calculations due to changes in data, and resolving other inconsistencies will result in increased administrative fees.

1. Provide the names and addresses of persons currently providing services for your existing retirement plan(s):

A. Third Party Administrator:

Contact Name: _____ Company Name: _____ Contact Email: _____

Address: _____ Phone: _____ Fax: _____

B. Accountant:

Contact Name: _____ Company Name: _____ Contact Email: _____

Address: _____ Phone: _____ Fax: _____

C. Financial Advisor:

Contact Name: _____ Company Name: _____ Contact Email: _____

Address: _____ Phone: _____ Fax: _____

2. Do you want to restate or redesign your existing retirement plan(s)? Yes No

3. Please describe what you would like to accomplish by redesigning or restating your plan(s):

4. Why are you leaving your current service provider(s)?

5. Identify the first plan year for which you would like SAI to begin administrative services.

Plan Year Beginning: ___/___/20___ **Plan Year Ending:** ___/___/20___

6. FOR EACH PLAN LISTED, PROVIDE COPIES OF THE FOLLOWING ITEMS. IF THE ITEM DOES NOT EXIST, PLEASE PROVIDE A SIGNED WRITTEN STATEMENT TO THAT EFFECT.

- | | |
|---|--------------------------|
| Current Plan & Trust Document with all amendments | <input type="checkbox"/> |
| Adoption Agreement (if separate) and Most Recent IRS Determination Letter | <input type="checkbox"/> |
| Most Recent Annual Report & Valuation | <input type="checkbox"/> |
| Prior 3 Years' IRS Form 5500s | <input type="checkbox"/> |
| Prior Year's Asset Statements | <input type="checkbox"/> |
| Participant Loan Documentation (if applicable) | <input type="checkbox"/> |
| For 401(k) Plans, Prior 3 Years' ADP/ACP Testing Basis | <input type="checkbox"/> |

V. SIGNATURES

Signature of Authorized Officer

Date

Print Name of Authorized Officer

Print Title of Authorized Officer