

QUALIFIED PLAN QUESTIONNAIRE

For the _____ Plan Year End

PLAN NAME:
PLAN TYPE:
PLAN YEAR END:

1. **PLEASE CONFIRM OR SUPPLY THE FOLLOWING INFORMATION:**

Plan Name: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Cell: _____ Direct Line: _____

E-Mail: _____ Able to accept e-mail attachments

Individuals to be cc'd: _____

2. **IF YOU SPONSOR A PROFIT SHARING PLAN, PLEASE CHECK ONE OF THE FOLLOWING:**

- No profit sharing contribution will be made this year
- Please calculate the maximum contribution allowable this year.
- Please calculate a profit sharing contribution based on one of the following:
 - _____%
 - \$ _____

3. **IF YOU SPONSOR A 401(K) PLAN, HAVE ALL EMPLOYEES COMPLETED A CURRENT SALARY REDUCTION FORM (ELECTION FORM)?**

YES NO

If you need new election forms, please consult your record keeper or go to <http://benplaninc.com/downloads.php> and download the 401(k) Deferral % Change Form.

4. **IF YOU SPONSOR A 401(K) PLAN WITH A DISCRETIONARY MATCH, PLEASE CHECK ONE OF THE FOLLOWING:**

- No match contribution will be made this year
- Please calculate the maximum contribution allowable this year.
- Please calculate a match contribution based on one of the following:
 - _____% up to _____% or \$ _____
 - \$ _____

5. **CHECK COMPANY TAX ELECTION:**

C CORP S CORP LLP LLC
 Sole Proprietorship Partnership Other _____

PLAN NAME:

PLAN TYPE:

PLAN YEAR END:

6. **NAME OF CPA; IF ANY:** _____ **PHONE:** _____

7. **NAME OF INVESTMENT BROKER; IF ANY:** _____ **PHONE:** _____

8. **PLEASE LIST CURRENT OWNERS, THEIR OWNERSHIP PERCENTAGES AND THEIR RELATIONSHIP TO EACH OTHER, IF ANY.**

9. **DO YOU HAVE ANY NON-OWNER EMPLOYEES WHO PARTICIPATE IN THE PLAN?**

YES NO

If "yes", please provide a copy of the face sheet of your Fidelity Bond Contract.

10. **DO ANY OWNERS OF THE ENTITY OWN AN INTEREST IN ANOTHER BUSINESS?**

YES NO

Please list all other organizations in which the owners of your company own an interest. Be sure to include other businesses being run as sole proprietors. (If the interest is in a corporation, indicate percentage of voting power or percentage value of shares. If the interest is in a partnership indicate percentage of profits)

INDICATE WHETHER CORP. PARTNERSHIP OR SOLE PROPRIETORSHIP	NAME OF ORGANIZATION	NAME OF OWNER AND % OF OWNERSHIP	HAS NON- OWNERS EMPLOYEES	
			(YES)	(NO)

11. **DO YOU SPONSOR A 125 CAFETERIA PLAN THAT ALLOWS EMPLOYEES TO EITHER PAY MEDICAL PREMIUMS ON A PRE-TAX BASIS, OR ESTABLISH PRE-TAX REIMBURSEMENT ACCOUNTS?**

YES NO

If "yes", does your 125 Cafeteria Plan utilize an automatic enrollment feature?

YES NO

PLAN NAME:

PLAN TYPE:

PLAN YEAR END:

12. **HAVE ANY CONTRIBUTIONS ON BEHALF OF YOU OR YOUR EMPLOYEES EVER BEEN MADE TO PLANS SPONSORED BY A PROFESSIONAL ORGANIZATION?** (i.e. Screen Actors, Directors or Writers Guilds, Bar Association, etc.)

YES NO

If "yes", please provide a copy of your most recent benefit statements.

13. **LEASED EMPLOYEES or STAFFING ARRANGEMENT**

Has any staff performed services for your company as leased employees or under an outside staffing arrangement?

YES NO

If "Yes", please list all such staff on a separate page, in the same format as provided on your annual employee census forms.

(Leased Employee rules have changed substantially. The IRS has issued sweeping and clear guidance to apply when any kind of Professional Employer Organization or "Staffing" company is involved.)

14. **THE FOLLOWING TWO QUESTIONS APPEAR ON THE 5500 SERIES REPORT.** Please answer in accordance with how you would like us to report this information to the IRS on the 5500 series report.

Did the employer fail to transmit to the plan any participant contributions within the time period describe in 29 CFR 2510.3-102?

This question is asking if any 401(k) deductions were not deposited into the plan within an administratively feasible time, generally considered to be 10 days.

YES NO

Were there any nonexempt transactions with any party-in-interest?

This sounds bad, but it is really asking if there were any transactions out of the ordinary, meaning anything besides contributions deposited into the plan, expenses or distributions paid from the plan, loans to participants or repayment of loans, etc.

YES NO

PLAN NAME:

PLAN TYPE:

PLAN YEAR END:

15. **ARE THERE ANY PLAN ASSETS WHOSE MARKET VALUE CANNOT BE READILY ASCERTAINED OR DOCUMENTED?**

YES NO

If yes, please go to our website at <http://benplaninc.com/downloads.php> and complete the Trust Data Forms.

16. **DO YOU WISH TO SPEAK TO SOMEONE REGARDING ONGOING PLAN DESIGN AND/OR OBJECTIVES?**

YES NO

17. **ARE THERE ANY SPECIFIC PROVISIONS OF YOUR PLAN THAT NEED FURTHER EXPLANATION AND POSSIBLE AMENDMENT?**

YES NO

TRUSTEE: _____ Date: _____