

INFORMATION CHECKLIST FOR NEW
PENSION/PROFIT SHARING PLANS

1. Name, address and telephone number of company:

2. Employer Identification Number:

3. Date of incorporation:

4. Type of Entity:

- Regular Corporation
- Sub-S Corporation
- Partnership
- Sole-Proprietor
- Other - Specify

5. Type of Business:

6. Fiscal Year End:

7. Names of Officers:

President:

Vice-President:

Secretary:

Treasurer:

8. Name, Address and Phone Number of Accountant:

9. Please estimate the amount of contribution the company would like to make and the applicable fiscal year end.

10. Net earnings of the company for the last three years.

11. Has the company ever maintained a qualified plan? If so, please indicate the type of plan and whether it is still in existence or has been terminated.

12. Please complete the attached employee census.

INFORMATION REQUIRED
FOR EXISTING PLANS

With the recent changes in pension legislation, plan history must be maintained to calculate benefits, contributions, and corporate deductions. In order to service your plan properly, we require copies of the following:

1. Executed plan and trust documents, including all amendments.

2. Form 5300/5301 filed with the Internal Revenue Service.

3. Most recent Internal Revenue Service favorable determination letter.

4. Summary Plan Description, if applicable.

5. Form 5500-C/R, with attachments, for the last three years. Include Schedule A, Schedule B, Schedule P, and Schedule SSA.
6. Actuarial valuation for the last three years. For Defined Benefit Plans, include accrued benefits and contribution calculations. For Defined Contribution Plans, include account balances for each participant.
7. Provide a list of **all** retired participants currently receiving benefits or due benefits. Include dates of birth, dates of hire, dates of termination or retirement, amount and frequency of payments, and form of payment.
8. If the plan provides insurance, for each policy in force under the plan, please provide the name of the insured, insurance company, policy number, face amount, premium and frequency, type of policy, status, and cash surrender value at normal retirement age.
9. A list of all employees for each of the past five years as well as the current year. Include Social Security Number, dates of birth, dates of birth, compensation for plan purposes, and hours of service worked.
10. A list of all distributions to former plan participants in the past five years.
11. Statement of the assets of the trust as of the end of the plan year for each of the last three years. A schedule of receipts and disbursements of the trust for each of the last three years and the accountant's certified statement, if available.
12. A list of stockholders and officers of the company, including any changes in the past five years.

EMPLOYEE CENSUS

NAME	S.S. NUMBER	SEX	DATE OF BIRTH	DATE OF HIRE	SALARY	KEY	HOURS WORKED

Please use additional sheets if necessary.

If an employee worked less than 1,000 hours during the year, please indicate the number of hours worked in the column headed "Hours Worked".

Please indicate the percentage of voting stock, if any, owned by each employee in the column headed "Key".