

PLAN INFORMATION FORM
PART I – EMPLOYER INFORMATION

Name of Employer:

Employer's Fiscal Year End:

Plan Year End:

Employer Tax ID #:

Trust Tax ID #:

Type of Plan:

Type of Business Entity:

List all officers, directors, stockholders, or partners of the Employer	Title	Ownership %

Does the employer or any of the above listed individuals (or their spouses or children under age 21) own any interest in another business?

If Yes, complete the following information:

Company	Business Relationship	Owners	Ownership %	Employees (Yes/No)

Does the employer or any of the above mentioned companies maintain any other retirement plan?

Do any of the plan participants participate in any guild plans?

If Yes to either of the above questions, provide the name and type of plan:

Plan Name:

Type of Plan:

Plan Name:

Type of Plan:

Plan Name:

Type of Plan:

PART II – COMPLIANCE QUESTIONNAIRE

If you answer Yes to any of the following questions, please explain. If necessary, please use additional pages.

If this is a 401(k) Plan, was there a failure to transmit to the plan any participant contributions within 7 business days following the date of withholding?

Were any loans by the plan or fixed income obligations due to the plan in default at the close of the plan year, or classified during the year as uncollectible?

Were any leases to which the plan was a party in default or classified during the year as uncollectible?

Were there any financial transactions between the plan and any related party?

Did the plan have a loss whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

Did the plan hold any assets whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

Did the plan receive any noncash contributions?

Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?

Has the plan failed to provide any benefit when due under the plan?

Did the plan incur any Unrelated Business Taxable Income (UBTI)?

Did the plan hold any partnership investments? If Yes, provide Schedule K-1.

Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan?

Did the plan have any participant loans? If Yes, complete Part IV – Summary Participant Loans of the Trust Information Form.

Have any participant loan payments not been made in accordance with the provisions of the promissory note?

Does your company employ any additional employees that are not listed on the employee census, for example, union, leased or expense shared employees?

Are any spouses, parents, or children of the owners employed by the company?

Does your company maintain a Cafeteria (Section 125) Plan?

Have there been any changes in the officers or owners of the business, phone or email addresses, or any other employer information?

Have there been changes to the professionals providing services to your plan?

PART III – ERISA BOND REQUIREMENTS

If the plan covers employees other than 100% owners or partners of a partnership, or their spouses, the plan's trust is required to be covered by an ERISA bond. The face value of the bond must equal, for each day of the plan year, at least 10% of the value of the trust assets, up to a maximum bond of \$500,000. In addition, if the trust holds any assets which are considered "non-qualified," these assets must be bonded at 100% of their fair market value. "Non-qualified" assets are assets which are not held in a regulated financial institution (e.g. bank, brokerage firm, insurance company, etc.) and/or which are not publicly traded. It is your responsibility to determine the fair market value of these assets. Note also that the \$500,000 maximum bond requirement does not apply if the plan holds non-qualified assets in excess of this limit.

In lieu of these bonding requirements, you may obtain an independent auditor's report of the trust.

Provide the following information regarding the bond that is currently in force and attach a copy of the face page of the policy:

Name of Surety Company:

Amount of Coverage:

Expiration Date:

If your bond coverage is insufficient, please contact your plan administrator immediately.

PART IV – PREPARER ACKNOWLEDGEMENT

I hereby certify that I have completed this form in its entirety, and to the best of my knowledge the information contained in this form is true and correct:

Name

Title

Signature

Date

Email

Phone