

### 401(K) PLAN DESIGN QUESTIONNAIRE

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Entity Type:    Corporation    Subchapter S Corp.    Partnership    Sole Proprietorship    Limited Liability Co.

Is the Employer a member of a Controlled Group:    Yes    No       Affiliated Service Group:    Yes    No

Employer's Tax Identification Number: \_\_\_\_\_ Date Business Commenced: \_\_\_\_\_

Employer's Tax Year End: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_ Employer's Fax Number \_\_\_\_\_

Employer's e-mail address: \_\_\_\_\_

Send Billings to: \_\_\_\_\_ Day to Day Contact: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Plan Effective Date \_\_\_\_\_ Plan Year End: \_\_\_\_\_

Plan Number (001,002,etc.) \_\_\_\_\_ Investment Product: \_\_\_\_\_

Does Company have another qualified plan?    Yes    No    If yes, what type of qualified plan is it: \_\_\_\_\_

Design Considerations	Options
Who will be the Trustee(s) of the Plan	Individuals _____ Corporate _____
Eligibility Requirements (years)	3 months    6 months    1 year    Other: _____
Age Requirements	No Age    18    19    20    21    Other: _____
Plan Entry Dates	Date of Event    Monthly    Quarterly    Semi-Annual    Other: _____
Immediately Eligible if Employed on the Effective Date <b>(New Plans Only)</b>	Yes    No
Recognize Service with a Prior Employer	No    Yes _____
Vesting Schedule for Employer Money	100% Immediate    6 year graded (2/20%) 3 year cliff    Other: _____
Years for Vesting	All Years    Only Years from the Effective Date of the Plan
Normal Retirement Age	65    Other: _____
Modifications to Salary Deferral %	Any Pay Period    Monthly    Quarterly    Semi—Annually    Other: _____
Allow Special One-Time Deferral Elections on Bonus Compensation	Yes    No
Allow for Roth 401(k)	Yes    No

