

CONFIDENTIAL QUALIFIED PLAN QUESTIONNAIRE

PART I GENERAL DATA

Name of Contact: _____ Phone: _____
Name of Employer: _____
Street Address: _____
City/State: _____ Zip code: _____

Approximate Number of Employees _____

Type of Entity:

Corporation ___ LLC Taxed as Corporation ___ LLC Taxed as Partnership ___

Partnership ___ Sole Proprietorship ___ Subchapter S Corporation ___

Date Company Established _____ Fiscal Year End _____

Predecessor Name (if applicable) _____

Date Established and Type of Entity _____

Affiliates or Control Companies _____

Nature of Business _____

Are any employees subjected to collective bargaining Yes ___ No ___

Company Officers:

Existing Plan Yes ___ No ___ Has the company ever maintained a qualified plan Yes ___
No ___ (If yes, please indicate what type)

Comments:

Number of Full time Employees _____ Number of Union Employees _____

Number of Part Time Employees working less than 1000 hours per year _____

Do you share your employees or lease your employees from another firm? Yes__ No__

Does your company experience a high turnover rate? Yes__ No__

What is your total payroll? _____

Has the business experienced any significant cash flow issues? _____

PART II GOALS AND OBJECTIVES FOR THE PLAN

Business related objectives:

Please rank (1-5) in order of their importance with 1 being the least important.

- _____ Maximize Tax Deduction
- _____ Attract and retain competent personnel
- _____ Accumulate retirement assets for the owners of the business
- _____ Reduce the owner's taxable income from the business
- _____ Grow of employer/employee relationships

Employee related objectives:

Please rank (1-5) in the order of their importance with 1 being the least important.

- _____ Satisfy employee request for pre-tax savings
- _____ Fulfill employees request employer-sponsored pension plan
- _____ Maximize benefit to key employees
- _____ Allowing employee participation through salary deferrals
- _____ Designed to favor:

Older employees _____ Younger employees _____
Long-term employees _____ Highly compensated employees _____

If you currently maintain a retirement plan please indicate the reasons for changing your retirement plan:

Please rank (1-5) in the order of their importance with 1 being the least important.

- _____ Improve employee communications education
 - _____ Provide greater flexibility in terms of employer related costs
 - _____ Decrease administrative burdens and costs
 - _____ Increase timelessness of administrative report(s)
 - _____ Other issues _____
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How much do you as Plan Sponsor, the Employer/Owner plan to contribute to the plan on behalf of your employees each year?

- _____ The maximum deductible limit allowed under current regulations.
- _____ _____ % of each eligible employees contribution
- _____ A range of _____ dollars to _____ dollars
- _____ Funded solely by employee contributions

Regarding the flexibility of contributions, contributions should be:

- _____ Able to fluctuate annually (discretionary)
- _____ Stable and consistent each year

Which employees should be included in the plan? (Check all that apply)

- All full- time employees
- All part-time employees (less than 1000 hrs. per year)
- All full-time employees, except those covered by a collective bargaining agreement (union) and/or non-resident aliens.
- Other _____

Addition Comments:

PART III PLAN SPONSOR PROFESSIONAL ADVISOR INFORMATION

You may desire to have your legal and tax advisor included within the planning process. Please provide information about the advisor(s).

Legal Counsel Name: _____

Firm Name: _____

Address: _____ Phone: _____

City: _____ State: _____

E-mail Address: _____

Tax Advisor Name: _____

Firm Name: _____

Address: _____ Phone: _____

City; _____ State: _____

E-mail Address: _____

PART IV PARTICIPANT/EMPLOYEE CENSUS DATA

Please provide electronically or preferable on diskette, in Microsoft Excel format the following employee census data for each plan participant:

Social Security number

Employee name

Gender

Whether or not plan participant is an Officer or Owner

Whether or not the participant is a Family member of an Owner or Officer

Date of birth

Date of hire

Annual Compensation

Salary deferral percentage

Whether nor not the employee's annual hours are 1000 hours or more

Please note: Annual compensation is defined as W-2 wages, Schedule C income for sole proprietors, or K-1 income for a partnership.

Please forward this questionnaire to the address of the firm e-mail your questions or concerns to holland@saversresources.com