



## Defined Benefit Pension Plan Questionnaire

Due Date: \_\_\_\_\_

### EMPLOYER INFORMATION

Sponsoring Employer: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

\_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

EIN: \_\_\_\_\_ Business Code: \_\_\_\_\_

Entity:  C Corp.  S Corp.  Sole Prop  Partnership (Including LLP)

LLC – taxed as a Partnership  LLC – taxed as a Corp.

LLC – taxed as a Sole prop.  LLC – taxed as S Corp.

Other \_\_\_\_\_

Business commencement date: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_ State of incorporation: \_\_\_\_\_

Is your company a member of a controlled or affiliated service group?

No

Yes

If you are a part of a controlled or affiliated service group, please provide the name(s) of the company, owner and ownership percentage below.

<u>Company</u>	<u>Owner</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will the plan cover self-employed individuals or partners?

No

Yes *(If you are a Sole Proprietor please provide LWBJ Pension Consultants with a copy of your Schedule C or F and SE from your tax return. If you are a Partnership, LLP or LLC taxed as a Partnership, please provide LWBJ Pension Consultants with your K-1's).*



- If the ratio of the employer contribution is different than the relationship of ownership, please indicate a breakdown of that ratio below.

Owner	Ratio
_____	_____
_____	_____
_____	_____
_____	_____

**PLAN INFORMATION**

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

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

Compensation Year: \_\_\_\_\_

Do you sponsor any other retirement plan?  No  Yes

If yes, what type of plan? \_\_\_\_\_

Have you sponsored a retirement plan that has been terminated?  No  Yes

If yes, what type of plan? \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Goals of the Plan. Please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Eligibility**

1. What service requirements should employees meet to become a participant in the plan?  One Year of Service  \_\_\_\_ month(s) of service  Other (please explain). \_\_\_\_\_  
\_\_\_\_\_
2. Do you want the employees to meet an age requirement to become a participant in the plan?  No  Yes, \_\_\_\_ age. (Age cannot exceed 21 years).
3. Once an employee meets the service and/or age requirement to participate in the plan, how often do you want them to enter during the year?  
 Monthly  Quarterly  Semi-annual  Annual



4. Do you want to waive the service and/or age requirement for all employees on a specified date? For example, all employees employed on the effective date of the plan are eligible to participate immediately.  No  Yes, \_\_\_\_\_ date.

**Allocation Conditions**

5. Do you want the plan participants to work a certain number of hours during a 12 consecutive month period (the plan year) to receive a contribution?  No  Yes \_\_\_\_\_ hours (1000 hours is the maximum amount allowed).
6. Do you want to waive the hours requirement for participants who die, become disabled or are normal retirement age?  No  Yes

**Contribution**

7. How much money would you like to shelter in the Plan during the next couple of years?
- Year 1 \_\_\_\_\_
- Year 2 \_\_\_\_\_
- Year 3 \_\_\_\_\_
8. How much money would you like to shelter in the Plan for the key executives?
- Year 1 \_\_\_\_\_
- Year 2 \_\_\_\_\_
- Year 3 \_\_\_\_\_

**Retirement**

9. What age do you want to retire? (This is used to calculate your benefit at retirement). \_\_\_\_\_ Age.

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I certify that the information contained in this questionnaire is complete and accurate to the best of my knowledge.

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Employer

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Date