



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.

Company	Owner	Percentage

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.

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

Employer

Date