

DB Retirement Plan Questionnaire

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| Company Name: | | | |
|---|--|---|--|
| Contact Name: | | Phone |)* *• |
| Address: | | Fax | |
| City, State, Zip: | | | i : |
| Broker: | | Brokerage Firm: | |
| Plan Assets: \$ | Custodi | ian: | |
| Business Entity Type: [| Corporation Professional Corporation | ☐ "S" Corporation ☐ ☐ Tax Exempt-Gov't ☐ | Partnership |
| Number of Employee's: | | 's: Number of Vested I | Employee's: |
| Business Start Date: | : | Employer Tax Id: | |
| If Incorporated, what State: | : | IRS Business Code: | |
| Nature of Business: | | | |
| Employer Tax Year: | : Calendar Fiscal | (Please Provide) | |
| Name of Attorney: | : | | |
| Name of Accountant/Firm: | | | |
| | | | |
| | Takeover I | Documents | |
| ☐ Latest IRS Form 5500 and ☐ Last 2 plan year Schedule ☐ ☐ Copy of SPD (Summary P) ☐ Employer Plan Valuation f ☐ Most recent Trust Financia | B's lan Description) from Current TPA | ☐ Schedule of Funding Deposits ☐ Most recent Census Data sent t ☐ Copy of last 2 plan year PBGC ☐ Copy of Plan Document & Tru ☐ Copy of ERISA Fidelity Bond | Filings |
| Names of Principals/Shareholders % of Business Ownership | | Names of Family Members of Principals /Shareholders Employed by Plan Sponsor * | |
| 70 Of Busines | - | 75 narcholders Employed | by I fair Sponsor |
| | | | Relationship |
| | <u> </u> | _ | Relationship |
| | | - | Relationship |
| Is the plan sponsor a mem | ntrol or manage any other bases of a controlled corporate of an affiliated service | e group or other related entity? | ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No |
| _ | | | |
| Where in your current plan do yo | ou see the most opportunity for im | provement'? | |
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