



Pension Administration

AFG Pension Administration

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412(i) Questionnaire

Company Name: _____

Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

City, State, Zip: _____

Agent/Broker: _____ Brokerage Firm: _____

Business Entity Type: Corporation "S" Corporation Partnership
 Professional Corporation LLC Sole Proprietorship

Number of 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: _____

Do you have an existing Qualified Plan? (Please send a copy of the latest valuation)

401(k)

Money Purchase

Profit Sharing

Target Benefit

Defined Benefit

SEP IRA

SIMPLE IRA

Other: _____



Names of Owners / Principals / Shareholders					
Name	%	Desired Contribution	Age to Begin Distribution	Smoker	Please list any health problems
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

=100%

Desired contribution to employees (if any) (*Safe Harbor is 7-9%*) _____

- Do the principals own, control or manage any other business? Yes No
- Will any of the employers of the other business participate in the plan? Yes No
- Did the principals ever own a predecessor Business? Yes No
- Is the plan sponsor a member of a controlled corporate group or other related entity? Yes No
- Is the Plan Sponsor a member of an affiliated service group? Yes No
- Do you employ part-time workers? Yes No
- Do you employ any leased workers? Yes No
- What type of compensation does your company provide to all employees including management/owners?
 Overtime Commissions Bonuses Other _____

All Employees (include those listed above and all that receive compensation)

	Name	DOB	DOH	Annual Salary	Annual Hours	Ownership Interest%	Family Member Y/N	Key Employee Y/N
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Comment or Other Concerns we should take into consideration...

Prepared/Completed by: _____ Date: _____