



Pension Administration

# Retirement Plan Questionnaire

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Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Broker: \_\_\_\_\_ Brokerage Firm: \_\_\_\_\_

New Plan:  Yes  No      Approx. Transfer Assets \$ \_\_\_\_\_      Annual Recurring: \$ \_\_\_\_\_

Plan Type:       401(k)  w/ Profit Sharing       Profit Sharing Only  
 Personal Brokerage       Money Purchase  
 New Comparability       Best Plan Design  
 403(b)       Other \_\_\_\_\_

Business Entity Type:       Corporation       "S" Corporation       Partnership  
 Professional Corporation       Tax Exempt-Gov't       Sole Proprietorship

Number of Employee's: \_\_\_\_\_      Are any employees leased?       Yes       No

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 Documents (only for existing plans)

- |   |   |
|---|---|
| <input type="checkbox"/> Latest IRS Form 5500 and related schedules | <input type="checkbox"/> Current TPA administration services agreement      |
| <input type="checkbox"/> Copy of SPD (Summary Plan Description)     | <input type="checkbox"/> Most recent Census Data sent to current TPA        |
| <input type="checkbox"/> Employer Plan Valuation from Current TPA   | <input type="checkbox"/> Copy of ERISA Fidelity Bond Policy?                |
| <input type="checkbox"/> Most recent financial asset report         | <input type="checkbox"/> Copy of Plan Document & Trust (Adoption Agreement) |



Employer Objectives in Establishing a Retirement Plan: (Check all that Apply)

- Recruit or hold employees
- Improve competitive position in job market
- Reward long-term employees
- Promote employee identification with business
- Reduce corporate income taxes
- Maximize benefits for owners
- Provide for retirement of specific employees
- \_\_\_\_\_

How much money (\$ amount or percentage of payroll) are you willing to commit to the plan to achieve these goals? \_\_\_\_\_

If this proposal is a takeover of a plan:

What annual amount is contributed to the plan by Employee contributions? \_\_\_\_\_

What annual amount is contributed to the plan by Employer contributions? \_\_\_\_\_

Names of Principals/Shareholders % of Business Ownership	
_____	_____%
_____	_____%
_____	_____%
_____	_____%

Names of Family Members of Principals /Shareholders Employed by Plan Sponsor *	
_____	Relationship

- 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
- Has the employer ever sponsored a Simple Employee Plan (SEP), DB or 401(k)?  Yes  No
- What type of compensation does your company provide to all employees including management/owners?
  - Overtime
  - Commissions
  - Bonuses
  - Other \_\_\_\_\_

All plans require data to be sent on a diskette or via e-mail attachment to AFG Pension Administration. A 20% surcharge will be added to the Initial Set-up fee and Annual Administration fee if hardcopy transfer of data is utilized. Will the company be participating in the electronic form of media?  Yes  No

Where in your current plan do you see the most opportunity for improvement? \_\_\_\_\_

Prepared/Completed by: \_\_\_\_\_ Date: \_\_\_\_\_