

Company Questionnaire

Today's Date

1. Plan Information

Plan Name

Contact Phone Number

Physical Address

2. How is your company taxed?

3. Does your company maintain any additional retirement plans?

If so, please provide the name:

Yes

No

4. ERISA Bond Amount:

5. Ownership Information

Please provide the name of each owner and their individual ownership percentage.

Please provide the names of any employees related to the owners above. For each employee listed, provide which owner they are related to and how they are related to the owner.

6. Were there any ownership changes during the year? If so, please provide the date.

Controlled/Affiliated Service Group Information

7. Is your company part of a controlled or affiliated service group?

Yes

No

Please list any companies that are a part of the controlled/affiliated service group:

Leased and/or Union Employees

8. Did the company employ any leased employees during the year?

- Yes (Please indicate on census)
- No

9. Did the company employ any union employees during the year?

- Yes (Please indicate on census)
- No

Employee Contributions

10. Were all employee contributions deposited based on the DOL Regulations (Within 7 Business Days)?

- Yes
- No (Please provide the dates in the box below)

11. Last Payroll Date of the plan year.

12. Date last contribution was deposited for the plan year.

Employer Contributions Siegel is to Calculate

13. Employer Matching

Siegel does not calculate the match or the match was deposited during the plan year (Default)

Specify matching formula or dollar amount to be calculated

14. Profit Sharing

Siegel does not calculate the profit sharing or the profit sharing was deposited during the plan year (Default)

Yes, calculate the maximum and send for approval

Specify the profit sharing formula or the amount to be calculated

15. Forfeitures, if applicable...

Are to be used to reduce future contributions (Default)

Used to pay plan expenses

Are in addition to the contributions for the plan year and should be added to the current contribution amount

Please use this box to inform Siegel of any special instructions or other pertinent information.