

1. Please indicate your business structure for the current plan year

C Corporation     S Corporation     Partnership\*\*<sup>1</sup>     Sole Proprietor     LLP\*     LLC\*

\* If your business structure is LLC, is your business taxed as a partnership, corporation or SCorp (circle one)?

2. If your business structure changed recently (or will change in the near future), please indicate below what those changes are (or will be) and when they were (are) effective:

\_\_\_\_\_

3. Please indicate ownership and officers for the business below (also note any changes made during the year):

**\*\*For Partnerships - ownership is based on capital interests and profit interests - discuss with your tax advisor**

List of Owner(s)	Percentage Owned	Relationship to any other owner	Any Agreements with others RE: Stock purchase/explain
_____	_____	_____	YES/NO - _____
_____	_____	_____	YES/NO - _____
_____	_____	_____	YES/NO - _____
_____	_____	_____	YES/NO - _____
_____	_____	_____	YES/NO - _____

4. If any owner of this business owns any other businesses, please complete second page of this form.

NOTE: Include any businesses owned by spouses or minor children of any owner of this business

- I have completed the second page of this form with "Other Ownership"  
 No owner (including spouse/children) of this business has any ownership in another business

5. Do you sponsor any other plans that Pension Resources, Inc. (PRI) is not involved in?

- No, we do not sponsor any plans that are not handled by PRI  
 Yes, we sponsor the following plans (include any Retirement and Cafeteria Plans):

\_\_\_\_\_

6. Collectively Bargained Employees

- We do not have Union Employees  
 We have Union Employees covered by this plan  
 We have Union Employees who are not covered by this plan

7. Do you employ "leased employees" (including employees through temp agencies that have worked for you more than 1 year)

- No, we have not used "leased employees" during this plan year  
 Yes, we have used "leased employees" during the plan year and have included a list of those (including their period of service) on a separate attachment.

8. What is the fiscal year of the company:

\_\_\_\_\_

9. Amount of fidelity bond coverage:

- We have a stated amount of \$ \_\_\_\_\_  
 We have an escalation rider on our bond, which automatically provides the required coverage  
 We currently do not have coverage and have contacted our casualty insurance agent to obtain

NOTE: this is required for all qualified plans - penalties may be assessed if the plan has no bond coverage  
 This is based on assets as of beginning of each Plan Year (new plans will need during second plan year)

10. Deposit Timing for 401K deferrals and/or loan payments: Employee contributions (including loan payments) must be deposited as soon as administratively possible after payroll, but in no event later than the 15th business day after the month end. The DOL has stated the 15th business day is generally not reasonable, and have stated (through guidance) that they consider it reasonable if deposited by the 7th business day after paydate. Review payroll and complete the attached Deposit Verification Form

- I have completed and attached the Deposit Verification Form  
 Our plan does not have any employee contributions (salary deferral, voluntary contributions or loan repayments)

11. If the plan has a year end discretionary contribution (Profit Sharing contribution):

- The total profit sharing contribution for the year shall be: \_\_\_\_\_  
 Please calculate the maximum contribution for our plan  
 not applicable

12. If this is a 401(k) plan with a discretionary employer matching contribution:

- The match for this year is \_\_\_\_\_% of deferrals, deferrals in excess of \_\_\_\_\_% shall be ignored  
 The match for this year is \$ \_\_\_\_\_.  
 not applicable

I have completed all 12 questions above and certify this information is complete and accurate:

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

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

A. Please indicate ownership and officers for the business sponsoring the plan

NOTE: INDIVIDUAL IS DEEMED TO OWN ANY STOCK FOR WHICH HE/SHE HAS AN UNRESTRICTED OPTION TO BUY

List of Owner(s)	Percentage Owned	Relationship to any other owner	Any Agreements with others RE: Stock purchase/explain
PLAN SPONSOR			YES/NO - _____
			YES/NO - _____
			YES/NO - _____
			YES/NO - _____
			YES/NO - _____

B. Does this business provide management functions to any other business? YES NO If Yes, provide explanation

C. Does any other business provide management functions to this business? YES NO If Yes, provide explanation

D. Is your business associated with any other business in providing services to mutual clients or each other? YES NO If Yes, provide explanation: \_\_\_\_\_

E. If any owner of this business owns any other businesses, please complete information below for all such businesses. *Include below any businesses owned by spouses or minor children of any owner.*

COMPANY A	List of Owner(s)	Percentage Owned	Relationship to any other owner	Any Agreements with others RE: Stock purchase/explain
Name of Business:				YES/NO - _____
				YES/NO - _____
Type of Business Entity:				YES/NO - _____
				YES/NO - _____
**Employees in this business?				YES/NO - _____
Yes No				YES/NO - _____
**Does this business sponsor any retirement plans? Yes No				YES/NO - _____

COMPANY B	List of Owner(s)	Percentage Owned	Relationship to any other owner	Any Agreements with others RE: Stock purchase/explain
Name of Business:				YES/NO - _____
				YES/NO - _____
Type of Business Entity:				YES/NO - _____
				YES/NO - _____
**Employees in this business?				YES/NO - _____
Yes No				YES/NO - _____
**Does this business sponsor any retirement plans? Yes No				YES/NO - _____

COMPANY C	List of Owner(s)	Percentage Owned	Relationship to any other owner	Any Agreements with others RE: Stock purchase/explain
Name of Business:				YES/NO - _____
				YES/NO - _____
Type of Business Entity:				YES/NO - _____
				YES/NO - _____
**Employees in this business?				YES/NO - _____
Yes No				YES/NO - _____
**Does this business sponsor any retirement plans? Yes No				YES/NO - _____

COMPANY D	List of Owner(s)	Percentage Owned	Relationship to any other owner	Any Agreements with others RE: Stock purchase/explain
Name of Business:				YES/NO - _____
				YES/NO - _____
Type of Business Entity:				YES/NO - _____
				YES/NO - _____
**Employees in this business?				YES/NO - _____
Yes No				YES/NO - _____
**Does this business sponsor any retirement plans? Yes No				YES/NO - _____

I certify this information is complete and accurate:

Company: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_