CONFIDENTIAL FACT FINDER

A.	Name of Company		Tax ID	#
B.	Address			
	Street	City	State	
	Telephone Number: ()	Fax Number: ()	
C.	Type of Organization			
D.	 † Corporation † Regular † Professional Date of Incorporation or First Day of Operation 	† Partnership	Ť	Sole Proprietors
E.	The stockowners, officers, and key personnel of the	he Employer are:		
	Name	Title		% of Stock Own
F.	Regarding controlled groups of corporations, pleathe following questions:	ase complete the summary below	v if there are a	ny affirmative ans
	the following questions.			
	Do the key personnel own any part of or oper Are the revenues of the employer directly ger Are major job related functions prepared by I Related Companies	nerated by businesses with comm leased employees or by employee	non stock own	te business?
G.	 Do the key personnel own any part of or oper Are the revenues of the employer directly ger Are major job related functions prepared by 1 	nerated by businesses with comn leased employees or by employee Owne	non stock own ses of a separat ers' Names &	te business? Percentage
G.	Do the key personnel own any part of or oper Are the revenues of the employer directly ger Are major job related functions prepared by I Related Companies If the Employer has ever maintained a qualified plane	nerated by businesses with comm leased employees or by employee Owne	non stock own ses of a separat ers' Names &	te business? Percentage
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PR A. B.	1. Do the key personnel own any part of or oper 2. Are the revenues of the employer directly ger 3. Are major job related functions prepared by land Related Companies If the Employer has ever maintained a qualified plant Type of Plan Does this proposal involve the existing plan? ROPOSED PLAN INFORMATION Effective Dates: Plan / Month Day Yee Employer Fiscal Year End / Month Day	nerated by businesses with comm leased employees or by employee Owner Owner lan, please complete the summar Plan Formula Tyes No Insurance Ear Mor Controlled Consideration	non stock own les of a separaters' Names & ry below:	Other Comment

E.	Type of Plan † A plan where the benefits are predetermined and funded over future years. (Often used where key personnel are older)	F.	Type of Plan † Defined Benefit † 412(i) † Integrated † Non-Integrated (If integrated, this will favor higher paid employees)
	† A plan where deposits are determined by a contribution formula and benefits depend on the values at retirement, (Often used where key personnel are younger) † A plan which is flexible and based on the profits of the company, where benefits depend on the values at retirement. † Other (Example: Target Benefit, 401(k))		† Money Purchase † Integrated † Non-Integrated (If integrated, this will favor higher paid employees) † Profit Sharing 401(k) † Integrated † Non-Integrate (If integrated, this will favor higher paid employees)
	If a 401(k) is requested, will there be matching contributions? If yes, give formula	† `	Yes † No
G.	Proposed Eligibility Requirements 1. Class of employees to be included: † All † Salaried † All Non Union Me (If Union Members are to be excluded, they must have a pension of the control	mbe	ers † Others
	2. Service* (Max. 2 years) Minimum *More than 1 year will require 100% vesting.	Ag	e (No higher than 21)
	3. Normal Retirement Age: † 65 † 65 and 5 years †	Ot	ther
Н.	Mandatory Employee Contributions: † None † Yes		% of annual earnings.
I.	Additional Comments:		
Sul	omitting Agent:		

Please complete:

PROPOSAL CENSUS DATA LISTING OF ALL EMPLOYEES

"Part-time is defined as working less than 1000 hours during a twelve month period.

Employer's Signature

Date

Title