

PLAN INFORMATION QUESTIONNAIRE FOR

Plan Name \_\_\_\_\_

- 1. Has there been any change in the following for the plan year being administered? If yes, please explain:
Board of Directors, Officers, Trustees, Partners, Stock Ownership, Account or Investment Manager

2. Name and Ownership Percentage of each owner of the company for the plan year being administered are as follows:
\_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %
\_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %
\_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

3. The officers of the corporation for the plan year being administered are as follows:
\_\_\_\_\_. \_\_\_\_\_ . \_\_\_\_\_ .
\_\_\_\_\_. \_\_\_\_\_ . \_\_\_\_\_ .
\_\_\_\_\_. \_\_\_\_\_ . \_\_\_\_\_ .

4. Please list any employees related to owners or officers, and their relationship to the owner or officer:
\_\_\_\_\_. \_\_\_\_\_ . \_\_\_\_\_ .
\_\_\_\_\_. \_\_\_\_\_ . \_\_\_\_\_ .
\_\_\_\_\_. \_\_\_\_\_ . \_\_\_\_\_ .

5. Do any stockholders, partners, or proprietors own any interest in other businesses? YES NO
If yes, Please advise Pensions Unlimited immediately. The current plan may need to be reviewed for control group status.

6. Your plan must be insured by a fidelity bond. Please provide the name of the insurance carrier, and the amount of the bond:
\_\_\_\_\_ \$\_\_\_\_\_

7. Were any plan amendments or changes adopted during the plan year of which Pensions Unlimited, Inc. may not be aware?
YES NO. If yes, Please provide a copy with the returned package.

8. Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?
YES NO Amount of loss: \$\_\_\_\_\_

9. Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or any relatives of any such person? If yes, please explain
YES NO Amount of sale, exchange, or lease: \$\_\_\_\_\_

10. Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?
YES NO Amount of loan: \$\_\_\_\_\_

11. Did the plan acquire or hold an employer security or employer real property?
YES NO Amount of security or property: \$\_\_\_\_\_

- 12. Has the plan granted an extension on any delinquent loan owed to the plan?  
 YES     NO                      Amount of delinquent loan: \$ \_\_\_\_\_.
- 13. Were any participant contributions transmitted to the plan more than 31 days after receipt or withholding by the employer?  
 YES     NO                      Amount of late contribution: \$ \_\_\_\_\_.
- 14. Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year?  
 YES     NO                      Amount of uncollectible loan: \$ \_\_\_\_\_.
- 15. Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the plan or received anything of value from any such party?  
 YES     NO
- 16. Did the plan at any time hold 20% or more of it's assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests?  
 YES     NO                      Amount of assets: \$ \_\_\_\_\_.
- 17. Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets?  
 YES     NO                      Amount of assets: \$ \_\_\_\_\_.
- 18. Were there any non-cash contributions made to the plan whose value was set without an appraisal by an independent third party?  
 YES     NO                      Amount of non-cash contribution: \$ \_\_\_\_\_.
- 19. Were there any purchases of non-publicly traded securities by the plan whose value was set without an appraisal by an independent third party?  
 YES     NO                      Amount of private securities: \$ \_\_\_\_\_.
- 20. Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets?  
 YES     NO                      Amount of lost benefits: \$ \_\_\_\_\_.
- 21.a.) Does the plan hold any assets that have a fair market value that is not readily determinable on an established market?  
 YES     NO                      (If "no" go to question 22)
- b.) If 21a is "Yes", were all the assets referred to above valued during the current plan year by an independent third party appraiser?  
 YES     NO
- c.) If 21b is "No", enter the value of the assets that were not valued by an independent third party appraiser during the current plan year: \$ \_\_\_\_\_.
- d.) Enter the date the assets, referred to in 21c above, were valued by an independent third party appraiser,  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- 22. Do you have, or have you adopted during this plan year, a Section 125 Cafeteria?  
 YES     NO

**Note:** A plan fiduciary is anyone who exercises any discretionary authority or control over management of the plan or it's assets, offers investment advice to the plan for a fee or other compensation, or has any discretionary authority or responsibility in the administration of the plan.

**I CERTIFY** that the information provided in this questionnaire for preparation of the annual plan valuation is complete and accurate to the best of my knowledge.