

The Pension Specialists, Ltd.

Business Data / General Information

Name of Business: _____ Est. Date: _____

Contact Name: _____ Title: _____

Address: _____

County: _____

City, State, Zip: _____

Phone: (____) _____ Fax: (____) _____

Plan year end: _____
(Mo./day)

Business year end: _____
(12/31, 6/30, etc.)

Business Data:

FEIN: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> "C" Corporation | <input type="checkbox"/> "S" Corporation | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Regular Corporation | <input type="checkbox"/> Professional Corp. |
| <input type="checkbox"/> Nonprofit Organization | <input type="checkbox"/> Partnership | <input type="checkbox"/> L.L.P. |

List ownership information below:

<u>Owner's Name</u>	<u>%</u>	<u>Employee?</u>	<u>Trustee</u>	<u>Title</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Is the business associated with any other business by common ownership, or by maintaining an affiliated service group? No Yes – *If yes, list details on attached form.*

Is there a union with which retirement benefits have been the subject

of good faith bargaining? Yes No

Does the employer maintain a Section 125 plan (cafeteria plan)? Yes No

Does the employer currently have a qualified retirement plan? Yes No

(Refer to takeover checklist)

Has employer ever had a qualified retirement plan? Yes No

If yes, specify type of plan: _____

Does employer use services of leased employees? Yes No