



Administrative, Consulting & Actuarial Services

445 Broad Hollow Road, Suite 8 • Melville, New York 11747 • 516-694-5500 • Fax 516-694-5501 • info@pensionreviewservices.com

PENSION QUESTIONNAIRE

1. **We need to know to whom we should address pension plan correspondence and from whom we should request data. Please list this information below:**

	<u>Correspondence</u>	<u>Request for Data</u>
Name:	_____	_____
Co. Name:	_____	_____
Street Address,	_____	_____
Town, State Zip Code	_____	_____
Email:	_____	_____
Phone Number:	_____	_____
Fax Number:	_____	_____

2. **Exact Legal Name of Company:** _____
Address & telephone number: _____

(Please attach business card)

3. **Describe principal business activity:** _____

4. **Business Code:** _____

5. **Type of company:** C-Corporation S-Corporation Partnership LLC LLP
 Sole Proprietorship Tax-Exempt Organization, Internal Revenue Code § _____
If LLC, are owners paid via W-2 or K-1? W-2 K-1

6. **What is the original date of incorporation of the company? If not incorporated, what is the date the business started?** _____

7. **State of incorporation, or state of principal office where doing business:** _____

8. **Name of predecessor company (if applicable):** _____

PENSION QUESTIONNAIRE

9. **Original date of incorporation of predecessor (if applicable):** _____

10. **Fiscal (tax) year of company:** _____

11. **Owners and officers of corporation (please list names, titles, & percentage of ownership):**

<u>Name</u>	<u>Title</u>	<u>Ownership %</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. **Please list all employees who are related and their relationships:**

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

13. **Employer (tax) identification number:** _____
(not Social Security Number)

14. **Is there any degree of common ownership or affiliation with other entities?** Yes No

If yes, name of entity: _____

Ownership: _____

Other: _____

If more than one entity, indicate on a separate page.

15. **Any leased employees?** Yes No

If yes, explain: _____

16. **Any union employees?** Yes No

If yes, should the union employees be excluded from the plan? Yes No

17. **Any employees who are non-resident aliens?** Yes No

18. **Number of hours of services required for a year of service:**

a) for eligibility _____ (cannot be greater than 1000)

b) for benefit accrual/allocation _____ (cannot be greater than 1000)

PENSION QUESTIONNAIRE

19. **Name of plan trustees:** _____

20. **Advisors:**
Please provide the information requested about your advisors. Most importantly, indicate below whether these advisors are to be copied on our correspondence and if they are to receive the data request packages we send out annually:

	<u>Accountant</u>	<u>Attorney</u>	<u>Financial/Insurance Provider</u>
Name:	_____	_____	_____
Co. Name:	_____	_____	_____
Address:	_____	_____	_____
With suite #:	_____	_____	_____
Email:	_____	_____	_____
Phone No.:	_____	_____	_____
Fax No.:	_____	_____	_____
Copies of Correspondence**:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data request packages**:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

** If not completed, your advisors will not be copied

21. **a) Is there another plan (including Keogh plans, SEPs, and Cafeteria plans)?** Yes No
If yes, please list and include trust EIN and plan number (if applicable). If more than one other plan, indicate on separate page.

Name of plan: _____

Trust EIN: _____ Plan number: _____

b) If (a) is yes, who administers the plan? _____

c) Were there any other qualified plans that were terminated in the past? Yes No

Types of terminated plans: _____

Dates of termination: _____

Completed by: _____

Date: _____