



Administrative, Consulting & Actuarial Services

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PRELIMINARY QUESTIONNAIRE

1. Client Name: _____
Legal Name of Company: _____

2. Describe principal business activity: _____

3. 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

4. Date business started: _____ Fiscal (tax) year of company: _____

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

Table with 3 columns: Name, Title, Ownership %

6. Employees who are related to an officer or owner and their relationships:

Table with 2 columns: Name, Relationship

7. Is there any degree of common ownership or affiliation with other entities? [] Yes [] No
If yes, name of entity: _____
Ownership: _____
Other: _____

8. Is there another plan? If so, please indicate which type:
[] Defined Benefit [] Profit Sharing [] 401(k) [] Money Purchase [] SEP [] SIMPLE [] IRA [] Other

9. Were there any other qualified plans that were terminated in the past? [] Yes [] No
Types of terminated plans: _____
Approximate dates of termination: _____

10. Any union employees? [] Yes [] No
If yes, should the union employees be excluded from the plan? [] Yes [] No

11. What is the objective of the client: _____

Completed by: _____ Date: _____