

Davidson Pension Consulting

Confidential Retirement Plan Questionnaire & Census

Exact Legal Name of Employer _____

Address _____ Phone () _____

City _____ State _____ Zip _____ Fax () _____

Contact Person _____ Title _____

Date Formed/Incorporated ____ / ____ / ____ If Incorporated, What State _____

Fiscal Year ____ / ____ / to ____ / ____ / ____ Employer I.D. No. _____

Type of Business Organization (**Check one**):

____ Sole Proprietorship ____ C Corporation ____ Professional Corporation

____ Partnership ____ S Corporation ____ Limited Liability Corp.

____ Non-Profit Organization Under IRC Section _____

Does a non-employee hold any ownership of this company? ____ Yes ____ No

If yes, attach a list of individuals and the percentage owned.

Does this employer or do its owners own an interest in *another* business? ____ Yes ____ No

If yes, **attach** a list of all commonly owned businesses, owners, percentage of ownership and any employees.

If this business is engaged in personal professional services (Medicine, Dentistry, Law, Accounting, Engineering, Architecture, etc.), are the majority of services performed for a related business? ____ Yes ____ No

Does this business have any shared or leased employees? ____ Yes ____ No

Does the employer currently, or have they ever, maintained a qualified retirement plan?
____ Yes ____ No If **Yes**, complete the following information:

Name of Plans _____

Circle the type of plans: Profit Sharing, Money Purchase, Defined Benefit, Target Benefit, ESOP, SEP, SARSEP, SIMPLE, Safe Harbor 401(k), or

Other: _____.

Effective Dates of Plans: ____ / ____ / ____ (Type: ____), ____ / ____ / ____ (Type: ____)

Termination Dates of Plans: ____ / ____ / ____ (Type: ____), ____ / ____ / ____ (Type: ____)

Is there a broker or financial advisor that will handle your plan investments? ____ Yes ____ No

If yes, please provide your advisors name, firm name and phone number:

PLEASE RETURN TO: DAVIDSON PENSION CONSULTING

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