



BUSINESS INFORMATION

Date Completed: _____

1. Legal Name of Business Sponsoring the Plan: _____

2a. Street Address:

Number Street Suite
City State Zip

2b. Mailing Address:

Number Street Suite
City State Zip

2c. Telephone Number: () _____

3a. Name of Plan Contact: _____

3b. Contact Telephone Number: () _____ 3c. Fax Number: () _____

3d. E-mail Address: _____ @ _____

4. Federal Employer Identification Number: _____ Business Activity Code: _____

5. Nature of Business: _____ Number of Employees: _____

6. Date Business Commenced: _____ State of Incorporation, if applicable: _____

7. Form of Business Entity:

- Proprietorship Sub Chapter S Corporation
- Partnership LLC/LLP
- Regular Corporation Nonprofit Organization under IRC Section _____ (Specify)
- Other _____ (Specify)

8. Fiscal Year of Business: From _____ to _____

9. Was there a predecessor business? No

Yes Name: _____

Form of Predecessor Business:

- Proprietorship
- Partnership
- Corporation
- Other _____ (Specify)

10. Are any Employees covered by Collective Bargaining Agreements? No Yes

Union Affiliation/Local Number: _____

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If any Employees are covered under a Union Retirement Plan, please furnish an employee booklet.

11a. If the Company is a corporation, list the officers and their ownership percentage:

Percentage of Ownership

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Other: _____

Total 100%

11b. List Corporate Directors:

12. For Sole Proprietorship or Partnership, list the owners and their ownership percentage:

Percentage of Ownership

Total 100%

13. Do the business owners (or their spouses) have any ownership interest in any other business? Yes No
If yes, please give details below including name of company, owner's name, their percentage of ownership and number of employees.

14. Please list all employees who are related to an Owner or Officer of the company.

Name of Owner / Officer	Name of Employee	Relationship

15. Did the company ever maintain another Qualified Plan? Yes No
If yes, provide details below. What type of Plan? Current status?

16. Financial Advisor

Name: _____ Telephone Number:(____) _____
Firm: _____
Address: _____

17. Accountant or Auditor for Business

Name: _____ Telephone Number:(____) _____
Firm: _____
Address: _____

18. Legal Counsel for Business

Name: _____ Telephone Number:(____) _____
Firm: _____
Address: _____

Additional Information:
