

Pension Strategies

2141 E. Highland Avenue, Suite 180
Phoenix, AZ 85016
(602) 957-7101

Data Request for

Plan Name: _____

Plan Year End: _____

Supplemental Company Information

1. Employer Entity:

- C Corporation Sole Proprietorship Partnership S-Corporation P.C.
 LLC taxed as (please check one of the following):
 C-Corporation S-Corporation Partnership

2. Date Business Commenced: _____ NAICS Code: _____ Type of Business: _____

3. Do you own, control, or manage another business? ** Yes No
Is this business affiliated with any other business? ** Yes No
Do you have leased, union or shared employees? *** Yes No
Does this business have any prior or existing retirement plans? Yes No
Does this business sponsor a 125 Cafeteria/Flexible Spending Plan? **** Yes No

Please explain any "yes" answers: _____

Owner and Officer Information

Names of Owners & Officers* **Title** **% of Stock Owned** **Family Member?**

Names of Owners & Officers*	Title	% of Stock Owned	Family Member?

(If there are more than six owners or officers, please attach a separate list.)

* Include employees who are related to owners by marriage or lineage. Effective 2013, please include marriages involving same-sex couples. **

I have provided complete and accurate data to the best of my knowledge and authorize Pension Strategies to complete the plan administration services for the fees outlined on the fee schedule.

Signature: _____ Title: _____ Date: _____

** Please Refer to "Notes, Alerts and Important Definitions" on the last page of this data request packet.

*** List on Employee Census.

**** If Yes, please be sure Employee Census provides gross compensation.

Information for Completing the Annual Return

1. Is the plan covered by a fidelity bond? Yes No
 Name of Insurance Company: _____
 Amount of Bond:** _____ (if plan covers only you and your spouse, bond is not required)

2. If this is a 401(k) or 403(b) plan, were all employee contributions and loan payments, if applicable, deposited timely?* Yes No If No, provide amount and payroll dates of late deposits:
 (Amount Not Timely Deposited: \$ _____) **

* The IRS considers deposits timely if deposited no later than the 7th business day following the date the contributions and loan payments, if applicable, were withheld from the employees' pay check. **

3. If the plan owns any life insurance policies, please provide us with the Schedule A information sent to you by the insurance company.

4. Did the plan hold 20% or more of its assets in any single security, debt, mortgage, real estate or partnership/joint venture?
 Yes (Amount: \$ _____) No

5. Were any loans or fixed income obligations in default or uncollectable at plan year end?
 Yes (Amount: \$ _____) No

6. Were there any participant loans held by the plan during the plan year? Yes No
 If yes, was the loan documentation established in accordance with Internal Revenue Code §72(p)?
 Please contact us if you are unsure so we can discuss this important IRS compliance issue with you.
 Yes No If no, please explain:

If yes, were all participant loan payments made timely in accordance to IRC §72(p), and in accordance with the applicable amortization schedule (no less frequent than quarterly)?
 Yes No If no, please explain:

7. Did any plan investment transaction involve a "party-in-interest" (self dealing between the plan and the company, business owner, or family member)?
 Yes (Amount: \$ _____) No

8. IRS requires an independent valuation of items that do not have a "readily determinable or established market value". Examples include real estate, collectables, limited partnerships**, and closely held or non-publically traded securities.

Does this plan have any assets of this nature? Yes No
 If yes, complete the following:

Description	Date of Valuation	Fair Market Value

Enter the value of the assets that were NOT valued by an appraiser during the plan year.
 (Amount \$ _____)

**Please Refer to "Notes, Alerts and Important Definitions" on the last page of this data request packet.

9. Did the plan trust incur unrelated business taxable income?*

Yes No N/A If "Yes" enter amount: _____

10. Were any Form 1099-Rs issued for distributions for this plan year? Yes No

Please indicate the Employer Identification Number (EIN) or Trust Identification Number (TIN) used on the 1099-R: EIN or TIN # _____

11. For participants age 70 1/2 or older, Required Minimum Distributions [RMDs] can be taken from a combination of IRAs and qualified plans.

If you would like our assistance calculating this amount, please complete the following and we'll contact you to discuss options:

Name of Participant(s): _____

12. The U.S. Department of Labor requires additional disclosures to participants. Please provide us with a list of financial institutions (banks, brokerage firms, insurance companies) where the plan assets were invested as of the end of the plan year, and the amount invested in each financial institution as of the end of the plan year. (If the plan covers only you and/or your spouse, this information is not required).

Financial Institution Name	Value at Plan Year End

13. **Total Employer contribution desired for this plan year? \$** _____

(Keep in mind you may have up to 8 1/2 months after your plan year end to finish funding if you extend your company tax return.)

List all deposits to the plan for this plan year deposited to date. Include insurance premiums paid by the company for policies owned by the plan.

Contribution Date	Contribution Amount
Total Deposited to Date:	\$

14. List all amounts paid out of the plan during the plan year including payments to terminated participants, in-service distributions, fees, administrative expenses and insurance premiums paid by the plan.

Date	Amount	Paid To

**Please Refer to "Notes, Alerts and Important Definitions" on the last page of this data request packet.

Business and Plan Information

Plan Name: _____

Please enter only contact information that is NEW or CHANGED since our last request for data, so we can keep our records current.

Employer: _____ Fiscal YE: _____ EIN: _____ TIN: _____ Phone: _____ Fax: _____	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Notes to Us:</div>
Contact / Address Information:	
IRS Forms: _____ _____ _____	
Correspondence: _____ _____ EMail: _____	Phone: _____ Fax: _____ Mobile: _____ Other: _____
Billing: _____ _____ EMail: _____	Phone: _____ Fax: _____ Mobile: _____ Other: _____
Distributions: _____ _____ EMail: _____	Phone: _____ Fax: _____ Mobile: _____ Other: _____
Other: _____ _____ EMail: _____	Phone: _____ Fax: _____ Mobile: _____ Other: _____

Business and Plan Advisor Information:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Receive Copies of Correspondence:*</div>
CPA / Accountant: _____ _____ EMail: _____	Phone: _____ Fax: _____ Mobile: _____ Other: _____ <input type="checkbox"/> With Enclosures <input type="checkbox"/> W/Out Enclosures <input type="checkbox"/> No Copies
Broker/Agent/Fin: _____ _____ EMail: _____	Phone: _____ Fax: _____ Mobile: _____ Other: _____ <input type="checkbox"/> With Enclosures <input type="checkbox"/> W/Out Enclosures <input type="checkbox"/> No Copies
Plan Attorney: _____ _____ EMail: _____	Phone: _____ Fax: _____ Mobile: _____ Other: _____ <input type="checkbox"/> With Enclosures <input type="checkbox"/> W/Out Enclosures <input type="checkbox"/> No Copies
Addtl Financial: _____ _____ EMail: _____	Phone: _____ Fax: _____ Mobile: _____ Other: _____ <input type="checkbox"/> With Enclosures <input type="checkbox"/> W/Out Enclosures <input type="checkbox"/> No Copies
Other Advisor: _____ _____ EMail: _____	Phone: _____ Fax: _____ Mobile: _____ Other: _____ <input type="checkbox"/> With Enclosures <input type="checkbox"/> W/Out Enclosures <input type="checkbox"/> No Copies

*If no response is indicated, no copies will be provided.

<i>Internal Information:</i>	Sponsor ID: _____	Consultant: _____	Plan Type: _____	Effect Date: _____
	Plan ID: _____	RPS: _____	Doc Type: _____	Per. Wrk On: _____

Census Data

Company Name: _____

Plan Year End: _____

Please be sure to include all employees who worked for you during the plan year. The Employee Contributions and Employer Match columns only apply to 401(k) Plans. **Social Security numbers are extremely important.** If an employee has been re-hired, please list his original hire date and re-hire date. Generally, Compensation is provided for your company fiscal year, which is generally the same as your plan year. Call us at (602) 957-7101 if you are not certain which period of compensation to provide or if you would like to verify your plan's definition of Compensation so you know which elements to include or exclude. Regardless of the compensation period, hours **must be** reported based on Plan Year.

For Sole Proprietor or Partners, please provide a copy of your "Schedule C" or "Schedule K-1" and page 1 of Form 1040 and Schedule SE when available.

Employee Name	Gen-der M/F	Social Security No.	Compen-sation For the Period _____ to _____	Date of Birth	Date of Hire	Date of Term. (if applicable)	Hours* (see code chart below)	Employee Pre-Tax Contribution	Employee Roth Contribution	Employer Match (if applicable)	Officer Ownership %	Family Member ?

*Hours Codes: * Hours should be reported on a Plan Year basis.	A = 1,000+	B = 501 - 999	C = < 500
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The information outlined above is a complete and accurate census covering all employees for the above plan year end.

Signature _____ Print Name _____ Date _____

Plan Asset Summary

Prepare this summary for the plan as a whole. Also prepare a separate summary for pooled and directed investments, if any. If all of your plan investments are held in one or two financial institutions, you may be able to supply a copy of your brokerage statements instead of completing this form. Please call us at (602) 957-7101 to discuss other options.

	Beg. of Year Market Value	End of Year Market Value
ASSETS AND LIABILITIES		
Cash		
Receivables		
U.S. Government Securities		
Mutual Funds		
Corporate Stocks and Bonds		
Real Estate		
Mortgages and Loans Other Than To Participants		
Cash Value of Insurance		
Participant Loans		
Partnership / Joint Venture Interest		
Employer Real Property or Employer Securities		
Other		
Total Assets		
Liabilities (see Notes & Alerts on last page)		
Total Net Assets		
INCOME		
Employer Contribution		
Employee Contribution		
Earnings on Investments (Interest, Dividends)		
Net Gain (Loss) on Sale of Investments		
Unrealized Market Gain (Loss) on Investments		
Other Income: _____		
Total Income		
EXPENSES		
Participant Distributions Total (detail listed on page 4)		
Insurance Premiums		
Administrative Expenses Paid from the Plan		
Other Expenses: _____		
Total Expenses		
Net Gain (Loss):		
Net Assets at Beginning of Year:		
Net Assets at End of Year (should equal Net Gain (Loss) Plus Net Assets at Beginning of Year AND it should Match total End of Year Assets Above)		

NOTES, ALERTS AND IMPORTANT DEFINITIONS

NOTES

- **Note regarding question 1 on page 2:**

Plans subject to the bonding requirement should have coverage of the greater of (1) 10% of total plan assets or (2) 100% of non-qualifying plan assets.

- **Note regarding question 2 on page 2:**

DOL regulation 29 CFR 2410.3-102 states that if this plan is a 401(k) plan the employer is required to deposit 401(k) deferrals (and participant loan repayments) on the earliest date on which such amounts can reasonably be segregated from the employer's general assets, but in no event later than the 7th business day following the date the contribution or loan repayment is received.

In the event of late deposits, please attach a list of each deposit that you have determined to be late.

In the event of late deposits, Pension Strategies is authorized to calculate the lost earnings due to participants, coordinate the payment of the lost earnings to the plan, prepare the Form 5330 for payment of the excise taxes and to coordinate with the Employer for any other corrections. I understand that the Employer will be assessed additional fees for these extra services.

Failure to transmit 401(k) deferrals on a timely basis is a prohibited transaction subject to a 15% excise.

- **Note regarding question 8 on page 2:**

If this plan holds any assets that are limited partnerships, please note that the fair market value of the limited partnership is not listed on the K-1, but must be determined by appraisal or independent valuation.

- **Note regarding Plan Asset Liabilities:**

The rules regarding debt financed assets in a qualified plan like yours are very complex. If you have or intend to debt finance any plan investments, we recommend you seek appropriate legal council.

ALERTS

- Effective 2013, IRS Rev. Rul. 2013-17 recognizes marriages of same-sex couples for qualified plan purposes. There are several implications but the one that most impacts your plan are marriages between owners of the company and their same-sex spouse. The spousal ownership attribution rules will come into play and will change the way your plan IRS discrimination testing is done. The requirement is that the marriage be entered into in a jurisdiction that authorizes the marriage. It is not related to the state of residence but rather the jurisdiction where the marriage took place. Please be sure to include this information in the owners box, "Family Member" column on page one of this data request packet.

- In the event any owner/employee has reached age 70 1/2 since you last sent us census data, they may need to start receiving required minimum distributions by April 1st of the following year. Failure to make distribution in a timely manner may result in a 50% excise tax.

IMPORTANT DEFINITIONS

- **Controlled Group:** A group of two or more businesses that have common ownership by the same stockholders may comprise a "Controlled Group".

IRC Section 414(c) states that all employees of trades or businesses under common control shall be treated as employed by a single employer.

- **Affiliated Service Group:** Two or more businesses with minimal common ownership that provide services primarily to each other may comprise an "Affiliated Service Group".

IRC Section 414(m) states that all employees of an "Affiliated Service Group" of organizations are considered employees of a single employer.

- **Unrelated Business Taxable Income (UBTI):** Income from operating an active trade or business inside or through a tax exempt entity, like your retirement plan.