

7. Company information:

Please list all stockholders and owners with their percentage of stock or business interest owned

Owner's Name	Percentage Owned	Owner's Name	Percentage* Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***If additional space is required please attach a separate sheet of paper.**

a.) Please list all employed family members and their relationship to the stockholders and owners who are employed at this company.

Owners/stockholders	Family Member	Relationship**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**** If additional space is required please attach a separate sheet of paper.**

b) Please list all officers and titles

Officer	Title***
_____	_____
_____	_____
_____	_____
_____	_____

***** If additional space is required please attach a separate sheet of paper.**

c) Was there a sale or purchase of all or part of another company or this company this year? ___ YES ___ NO

If yes, please explain _____

d) Was there a change in the ownership structure or tax classification of the company during this year?

If so, please describe _____

8. Insurance:

If you have insurance as an asset of your plan, please attach the Schedule A provided by the insurance company for those policies.

9. As Plan Sponsor/Administrator

of this Plan, I have reviewed the information contained herein, including the Census.

_____ Plan Sponsor/Administrator

_____ Dated

Authorization Letter *(401(k) Plans Only)*****

Plan Name – *PLAN NAME*

I have reviewed the attached questionnaire. I certify that all information is correct to the best of my knowledge.

I authorize Benefit Consultants Group to process excess contributions for the plan in an amount no greater than the amount on the appropriate non-discrimination test when completed, if applicable.

Dated

Plan Administrator