

Annual Questionnaire

Failure to fully complete and return this questionnaire could cause your Annual Report (Form 5500) to be subject to further examination by the IRS and/or Department of Labor

Plan Name – PLAN NAME
Year End - YEAR END DATE

1. Surety/Fidelity Bonding:

Amount of Bond: \$_____ Effective Date: ___/___/___ Expiration Date: ___/___/___

If your plan does not have a Surety/Fidelity bond, please contact your property or casualty insurance agent. If you have further questions, please contact your Retirement Plan Specialist.

2. Contributions:

(401(k) Plans Only) Have all employee deferrals been contributed to the plan as soon as they could reasonably be segregated from your general assets and no later than the 15th business day following the month the deferrals were withheld from the employee's compensation?

___ YES ___ NO

3. * Are you making a post year-end discretionary match contribution?

___ YES ___ NO

a.) If you are, please indicate either the amount or formula: _____

4. * Are you making a post year-end profit sharing contribution for this year?

___ YES ___ NO

a.) If you are, please indicate either the amount or formula: _____

b.) Would you like for us to determine the maximum amount ___ YES ___ NO

c.) Would you like for us to allocate the contribution? ___ YES ___ NO

5. If your plan is intended to be a Safe Harbor plan for 2007, did you give the required Safe Harbor notice to your employees no later than one month prior to year end (for calendar plans – the notice should have been given by 12/1/06)?

___ N/A ___ YES ___ NO

6. Other plans:

Have you established any other qualified plans or SEP plans this year, or have you contributed to a SEP plan in the past 5 years? ___ YES ___ NO

*** These contributions affect the non-discrimination testing.**

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