

ANNUAL REVIEW FORM

Plan Name: _____
This form provides us with information on both the plan and the employer. It ensures continued IRS qualification of the plan.

A. SUMMARY OF EMPLOYER DATA

Plan Year Ending (mm/dd/yy): _____ EIN: _____

Business Phone #: _____ Business Fax #: _____

Contact Person: _____ Phone: _____ E-mail _____

Address: _____

CPA/Accountant Contact: _____

Firm Name: _____

Email Address: _____ Phone: _____

Verify/Correct the individuals who will be signing the 5500 below (please print the names).

Employer/Plan Sponsor : _____ Plan Administrator : _____
Print Individual(s) name(s) Print Individual(s) name(s)

B. PLAN QUESTIONNAIRE

Yes No

Any investment in limited partnership, real estate, collectibles, closely held stock, or assets that cannot be readily appraised?

Are you a member of a Controlled Group of business? (if answered Yes, we will contact you for details)
Your company or another is the common parent of a parent-subsidiary controlled group and/or is a member of a brother-sister controlled group

Are you a member of an Affiliated Service Group? (if answered Yes, we will contact you for details)
Two or more organizations that have a service relationship and, in some cases, an ownership relationship

Do you have any leased employees?

Does the company maintain a cafeteria (Section 125) plan?

FOR 401(k) PLANS ONLY: Did the employer fail to transmit to the plan any participant contributions within the maximum time period (as of the earliest date on which such contributions can reasonably be segregated from the employer's general assets)

If you have eligible employees in the retirement plan, ERISA requires your plan to be insured by a fidelity bond:

Please give the name of the insurance carrier _____
 Amount of bond coverage \$ _____ *This amount should be for at least 10% of plan assets, but not less than \$1,000 and not more than \$500,000*

B. PLAN QUESTIONNAIRE (continued)

List all family members of shareholders/owners who are employed by the company:

Family Member's Name	Relationship
_____	_____
_____	_____

Provide the following information for all owners, shareholders, or officers of the company:

Name	Own %	Officer's Title	Director (Y/N)	If Ownership of Other Company; Company Name	Own%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Did you or Will you be making any Company deposits into the plan for current plan year: Yes No

If you already made a contribution to the plan, please provide contribution amounts (if any):

\$ _____	_____	\$ _____	_____
<i>Amount</i>	<i>Date</i>	<i>Amount</i>	<i>Date</i>
\$ _____	_____	\$ _____	_____
<i>Amount</i>	<i>Date</i>	<i>Amount</i>	<i>Date</i>

If you plan to make a contribution by the tax filing deadline:

Exact Dollar amount for the Fiscal Year End is \$ _____
 _____% of all eligible compensation. Please calculate this amount
 Please calculate the OPTIMUM percentage to maximize owners
 Please calculate the MAXIMUM to all employees

Were there any withdrawals from the plan during the current plan year:

If you answered yes, please provide withdrawal details (if any):

\$ _____	_____	_____
<i>Amount</i>	<i>Date</i>	<i>Payable to</i>
\$ _____	_____	_____
<i>Amount</i>	<i>Date</i>	<i>Payable to</i>

C. NOTICE OF INTENT TO REQUEST AN INCOME TAX FILING EXTENSION

Has your company applied or intend to apply for an extension of time to file the federal income tax return for this Calendar/Fiscal year-end? Yes No

Please return this form to us signed and dated

I hereby certify that the information provided in this form and questionnaire for the preparation of the annual plan valuation are complete and accurate to the best of my knowledge.

Trustee/Authorized Plan Representative

Date