

## RETIREMENT PLAN

### CENSUS, FINANCIAL & ANNUAL REVIEW INFORMATION REQUEST

Enclosed are the partially completed forms for the above Retirement Plan(s). Completing these forms provides us with information that is used to prepare the year-end services, reports and annual reporting forms required by IRS and Department of Labor.

Please provide us with the following information:

- ✓ **Employee Census:** Complete the attached file (excel or hard copy) according to the instructions provided on the following page.
- ✓ **Trust Financial Information:** In order to complete the valuation for the plan year, we need a complete schedule of all assets held by the Trust. **If we don't already receive duplicate copies of your statements,** complete attached form or provide us copies of 12 mos. statements for this valuation period.
- ✓ **Annual Review Form:** Complete the attached form, sign and send it back to us.

If you have any questions regarding the above items or your plan in general, please do not hesitate to call us at (818) 587-4455.

## INSTRUCTIONS TO COMPLETE THE ATTACHED FORMS

### EMPLOYEE CENSUS:

We **MUST** have complete census information in order to accurately determine eligibility, calculate contributions, and perform compliance testing.

- **Verify** all pre-printed information for accuracy, and indicate any change as applicable, including Name or Social Security Number change.
- Be sure to **report all employees** who received compensation during the plan year, even if they have terminated employment.
- **Leased employees**, as well as employees of Controlled Groups and Affiliated Service Groups, are generally considered employees of the plan sponsor, and should be included on the census.
- Provide **Date of Birth** and **Date of Hire** for each employee. These are important for determining eligibility to participate in the plan, Normal Retirement Age, and certain distribution options.
- Indicate if an employee has been **rehired**. The rules regarding rehired employees are complex. We will let you know if we need any additional information on rehired employees.
- Report **total GROSS compensation** paid for the full plan year. The annual salary figures on the Employee Census should include total compensation reported on the W-2 Form. If total compensation reported does not match the W-3 Form, we may ask for complete W-2 Forms for ALL employees. If you have any questions on the specific definition of compensation in your plan, please call us.
- We need to know if an employee **worked less than 1,000 hours**. You can either report actual hours worked, or you can specify one of the following categories: Over 1,000 hours, Between 501 and 999 hours, or Less than 500 hours.
- All sole proprietorships or partnerships must provide Schedule C/K-1 information. **Processing cannot be completed without this information.**

### TRUST FINANCIAL INFORMATION:

In order to complete the valuation for this plan year, we'll need 12 months copies of brokerage statements. **If we do not already have copies**, please complete the attach or provide 12 mos. copies of statements.

### ANNUAL REVIEW FORM:

Complete the form as indicated and return it back to us along with Census (excel format is preferable) and 12 months brokerage statements





## 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

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**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