

The following information is required to design your OwnersPlus Cash Balance and Safe Harbor 401(k) retirement plans. Based on this information and the census information you have already provided we will propose a retirement program for you to review.

Administration of your OwnersPlus Retirement Program will be provided by Dedicated Defined Benefit Services (Dedicated DB), one of the leading providers of administrative services for micro defined benefit plans in the US. All answers are confidential.

This questionnaire must be completed by the employer with the assistance of a Dedicated DB consultant and/or your financial or tax advisor. Please call 1-866-269-2706 with any questions.

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## Employer Information

**1. Legal Name of Employer:** \_\_\_\_\_

DBA Name (if applicable): \_\_\_\_\_

Owner(s)' Name: \_\_\_\_\_

Owner(s)' Email Address: \_\_\_\_\_

Mailing Address of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**2. Employer ID# (EIN)** \_\_\_\_\_ **Social Security # (Internal Use Only. We'll call you.)** \_\_\_\_\_

**3. Entity Type:**  C-corp  S-corp  Partnership  Sole Proprietor  LLC  Other

If an LLC, how is it taxed?  Sole Proprietor  Partnership  C-corp  S-corp

**4. Employer's Fiscal Year End:** \_\_\_\_\_ **Date of Incorporation or Date Business Began:** \_\_\_\_\_

- If business entity type has changed, please explain under Notes (Item 17).

**5. Is the company a medical/dental group, law firm, CPA, engineering firm or other Professional Service Employer?**  Yes  No

**6. Principal Business Activity:** \_\_\_\_\_ **Six Digit Business Code:** \_\_\_\_\_

**7. Financial Representative:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Broker Dealer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**8. Accountant:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Plan Information

9. What is the first plan year of administration that Dedicated DB is responsible for?

- 2021                     
  2022                     
  Other

10. Effective Date of Plan (usually the first day of the current fiscal year): \_\_\_\_\_

11. Trustee(s) (usually the owner): \_\_\_\_\_

12. Does the employer currently sponsor any retirement plans?

Yes Plan Type: \_\_\_\_\_ Plan Name: \_\_\_\_\_ Plan Number: \_\_\_\_\_

If Yes, amount already contributed for 2021 to other plan: \$ \_\_\_\_\_

If the business already has a 401(k) plan, please provide contact information for the plan administrator (TPA): TPA Contact Name \_\_\_\_\_ TPA Contact Phone \_\_\_\_\_

No

Note: Your existing profit sharing plan may need to be amended or put on a new plan document to work with a cash balance plan.

13. Has the employer sponsored any qualified plans that have been terminated?

Yes Plan Type: \_\_\_\_\_ Plan Name: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Terminated Date: \_\_\_\_\_

If the employer ever sponsored a defined benefit plan, we will need additional information to calculate the benefits and contributions correctly in the new Cash Balance plan.

No

14. Related Employers:

Do you have an interest in any other businesses?

Yes. If your business is part of a controlled group or affiliated service group, employees of any group must be covered by this plan. Please complete the grid below.

Business Name	% Ownership	# Employees	Does the business provide services to the company opening this retirement program?

No

15. Does the employer have any leased employees?

Yes     No

# Census Information

Attached is the information you provided on the owners and employees of your company. Please review and update with your most current information.

## 16. Owners' Compensation History

List the prior three (3) years compensation from this business plus any previous years if higher than expected compensation for this year. The definition of compensation differs depending on your entity type. (See below)

Type of Entity	Compensation to Include for Plan
Corporation	W-2 Income
S-corporation	W-2 Income only (Schedule K-1 dividend distributions cannot be used)
Sole Proprietorship	Net-earned Income (Schedule C line 31 or revenue minus expenses)
Partnership	Net-earned Income (Schedule K-1 line 14a)
LLC	Depending on how LLC is taxed – as sole proprietorship or corporation as indicated above

- When entering Compensation History, do not list compensation paid from an unrelated business. For example, if your business began in 2017 and before that you worked for ABC Inc., do not list compensation paid by ABC Inc.
- In general, Compensation does not include "passive income", such as income from investments or property.
- Compensation must be received only from the employer (plan sponsor) establishing the plan.
- If there are questions about compensation, please consult your CPA or Tax Advisor.

**Compensation History for Owner #1 Name:** \_\_\_\_\_

Year	Compensation	1/2 SE Tax (if applicable)	Plan Contributions (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Compensation History for Owner #2 Name:** \_\_\_\_\_

Year	Compensation	1/2 SE Tax (if applicable)	Plan Contributions (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 17. Notes/Other Information

Return this completed Questionnaire and updated Census to your advisor or directly to Dedicated Defined Benefit Services at: [DBPlans@Dedicated-DB.com](mailto:DBPlans@Dedicated-DB.com)

Phone: 1.866.269.2706

Fax: 1.215.648.1628

Mail this signed form with your check to:

**Dedicated DB**  
**PO Box 219800**  
**Kansas City, MO 64121**

For UPS/FedEx, our mailing address is:

**Ascensus, c/o Glendale Office**  
**920 Main Street, Suite 900**  
**Ten Main Center**  
**Kansas City, MO 64105**

