OwnersPlus

Cash Balance + 401(k)Plan Plan Design Questionnaire for 2025

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 FuturePlan (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 866-269-2706 with any questions.

Employer Information

1. **Legal Name of Employer:** _____

   DBA Name (if applicable): _____

   Owner(s)' Name: _____

   Owner(s)' Email Address: _____

   Mailing Address of Employer: _____

   Physical Address (if different): _____

   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 NAICS Code:** _____

7. **Financial Advisor:**

   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?

☐ **2025** ☐ **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 2025 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 defintion 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 2022 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 Self Employment Tax (if applicable)	Plan Contributions (if applicable)

Compensation History for Owner #2 Name: _____

Year	Compensation	1/2 Self Employment Tax (if applicable)	Plan Contributions (if applicable)

17. Notes/Other Information

For questions or comments, contact us at:

Dedicated DB
Phone: 866-269-2706
Fax: 215-648-1628

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