

The following information is required to complete the set-up of your Defined Benefit plan and/or 401(k) plan. Administration of your plan is 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. The questionnaire must be completed and signed 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: \_\_\_\_\_ Gender:  F  M  
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 21).
5. **Principal Business Activity:** \_\_\_\_\_ **Six Digit NAICS Code:** \_\_\_\_\_
6. **Retirement Plan you want Dedicated DB to administer:**  DB  DB+401k  401(k)
  - The 401(k) is *only* available to plans that cover either (i) an owner only, or (ii) an owner and spouse.
  - **In addition to the defined benefit plan contribution, the IRS allows elective salary deferrals (the lesser of \$23,000 plus \$7,500 catch-up if age 50+ or 100% of compensation) and a 6% profit sharing contribution to the 401(k) Plan.**
7. **Enter estimated defined benefit contribution you wish to make:** \$ \_\_\_\_\_
  - All contribution amounts are ESTIMATES ONLY until we receive your final year-end data and the contribution is approved by our actuary.
8. **Financial Advisor:**  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_ Broker Dealer: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
9. **Accountant:**  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Plan Information

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

2024

Other

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

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

### 13. Eligibility Requirements:

Union employees and nonresident aliens earning no U.S. income are not eligible to participate in the plan. Eligible employees will enter the plan on the semi-annual date after completing the following requirements:

#### Age Requirement:

Age 21

Other: \_\_\_\_ (not greater than 21)

#### Service Requirement:

None (allows part-time employees to enter the plan)

1 Year of Service

2 Years of Service (requires 100% vesting)

### 14. Vesting Schedule:

100% Vested Immediately

6 Year Graded – 0/20/40/60/80/100

3 Year Cliff – 0/0/100

### 15. Other Plans:

#### Does the employer sponsor any other plans?

Yes; Description \_\_\_\_\_

If Yes, amount already contributed for 2024 to other plan: \$ \_\_\_\_\_

No

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

Yes; Description \_\_\_\_\_

No

### 16. Related Employers:

If your business is part of a controlled group or affiliated service group, employees of any group must be covered by this plan. Please review the items below and check any that apply to you. You may need to consult with your tax professional if unsure of these questions.

**Yes**

**No**

Do any owners (or spouses) own interests in other businesses?

Is the employer part of a controlled group of businesses?

Is the employer part of an affiliated service group?

Does the employer have any leased employees?

## Census Information

### 17. Owner Information

Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ % of Ownership: \_\_\_\_\_%

Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ % of Ownership: \_\_\_\_\_%

**Please list any additional owner information and compensation under Notes.**

### 18. Owner's Compensation (missing data can delay processing)

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 2020 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 Name: \_\_\_\_\_

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

**2024 Expected Compensation:** \_\_\_\_\_

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

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

**2024 Expected Compensation:** \_\_\_\_\_

## Employee Information

**19. Please list all additional employees employed during the plan year:\***

Name	Date of Birth	Date of Hire	>1,000 hours	2024 Compensation (Estimate)	2023 W-2 Compensation
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

**\*Fidelity Bond** – if your plan has participants other than owners and their spouses, it is required by ERISA that Plan Fiduciaries be bonded for plan assets. A Fidelity Bond is necessary to protect the plan against fraud or dishonesty on the part of the plan officials. Plan Fiduciaries should be insured for a minimum of 10% of the plan assets, but not less than \$1,000. The maximum amount required is \$500,000. A Fidelity Bond may be obtained through your business property and casualty insurance carrier.

**20. Pension Benefit Guaranty Corporation (PBGC)** – Defined Benefit plans are required to be covered by the Pension Benefit Guaranty Corporation (PBGC) insurance programs if the employer has employees with the following exceptions:

- Professional service employer with fewer than 25 participants. A professional service employer includes but is not limited to, physicians, dentists, chiropractors, osteopaths, optometrists, other licensed practitioners of the healing arts, attorney at law, public accountants, engineers, architects, draftsmen, actuaries, psychologists, scientists, and performing artists.
- Owners only/ with spouse

If required to be covered by the PBGC program, premiums will need to be paid to the PBGC.

**Is the plan covered by the Pension Benefit Guaranty Corporation (PBGC)?**

Yes                       No

**21. Notes/Other Information**

**Client Authorization to Proceed**

By signing this form, you are acknowledging as the sponsoring employer that you have received and read the OnePersonPlus® defined benefit plan proposal and you understand that there is a one-time plan design and document preparation fee and annual administration fees beginning in the year that you establish the plan as set forth in the proposal. Also, you understand that a Defined Benefit plan has a required annual contribution. With that understanding, you are authorizing the establishment of the plan based on the information provided in this questionnaire. Please retain a copy of this questionnaire for your files.

Signature: \_\_\_\_\_

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

For questions or comments, contact us at:

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

