

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, 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 1-866-269-2706 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: _____
City: _____ State: _____ Zip _____
Phone: _____ Fax: _____
2. **Employer ID#** (EIN, not Social Security#) _____
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 Business 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 \$18,500 plus \$6,000 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 Representative:**
Name: _____ Email: _____
Company: _____
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?

2018

2019

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 2018 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.

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

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 2018 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 SE Tax (if applicable)	Plan Contributions (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2018 Expected Compensation: _____

Compensation History for Owner Name: _____

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

2018 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	2018 Compensation (Estimate)	2017 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: _____

Please make your check for the Plan Design and Document Preparation fee payable to Dedicated Defined Benefit Services.

Mail this signed form with your check to:

**Dedicated Defined Benefit Services
550 North Brand Boulevard, Suite 1610
Glendale, CA 91203**

