OnePersonPlus®
Defined Benefit Plan

Plan Questionnaire for 2026

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 FuturePlan (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:** _____

   Official DBA Name (if applicable): _____
   (exclude unless using the official DBA name as plan name)

   Owner(s)' Name: _____ Gender: ☐ F ☐ M

   Owner's Email Address: _____ Second Owner's Email Address: _____

   Mailing Address of Employer: _____

   Physical Address (if mailing address is a P.O.Box): _____

   Phone Number: _____

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:** _____ **Earliest Date Business Began:** _____
   (pre-revenue is ok)

   Business Date Incorporated if applicable: _____

5. **Principal Business Activity:** _____ **Six Digit Business (NAICS) Code:** _____
   (please be specific) (can be found on business tax return)

6. **Retirement Plan(s) you want administered:** ☐ **DB** ☐ **DB+401k** ☐ **401(k)**
   - Plans are only available to cover either (i) an owner only, or (ii) an owner and spouse. If your company has or will have an employee in the future, please discuss a different Future Plan product.

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. Do NOT make the deposit until you have been instructed to do so.

8. **Financial Advisor:**

   Name: _____ Email: _____

   Company: _____

   Mailing Address: _____

   Phone: _____

   Accountant: _____ Email: _____

   Company: _____

   Mailing Address: _____

   Phone: _____

Plan Information

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

☐ **2026** ☐ **Other**

10. Trustee(s) (usually the owner): _____

Co Trustee (if applicable): _____

Co Trustee Email (This must be a unique email, different than the other Trustee): _____

11. Other Very Important Information:

Does the company you own sponsor any other plans?

☐ **Yes**: Plan Type _____ Plan Name: _____ Three Digit Plan Number: _____

If Yes, amount already contributed for 2026 to other plan: $ _____

☐ **No**

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

☐ **Yes**: Plan Type: _____ Plan Name: _____ Three Digit Plan Number: _____

Date Plan Terminated: _____

☐ **No**

12. Related Employers:

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

☐ **Yes** ☐ **No**

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	Industry and type of business conducted

Census Information

13. 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.

14. 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 a business you do not own. For example, if your business began in 2023 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)

2026 Expected Compensation: _____

Compensation History for Owner Name: _____

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

2026 Expected Compensation: _____

*** Complete for Sole Proprietorships and Partnerships only.**
½ SE Tax can be found on Schedule SE, Line 13

Employee Information (if applicable)

15. Please list all additional employees employed during the plan year, including spouses or relatives:*

Name	Date of Birth	Date of Hire	Please indicate if they worked more than >1,000 hours	2026 Compensation (Estimate)	2025 W-2 Compensation	Relationship (if applicable)
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			

16. 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

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