

The following information is required to complete the set-up of your One Person 401(k) plan.

- This 401(k) is only available to cover either (i) an owner only or (ii) family members who are owners.
- This plan is not appropriate if you have employees.
- The IRS allows each participant to make elective salary deferrals equal to the lesser of \$19,500 (plus \$6,500 catch-up if age 50+) or 100% of compensation and a 25% profit sharing contribution to the 401(k) plan
- The maximum total contribution for each participant for 2021 is \$58,000 plus \$6,500 catch-up if age 50+

Administration of your plan is provided by Dedicated Defined Benefit Services (Dedicated DB), a leading provider of administrative services for businesses with 1-10 retirement plan participants. All answers are confidential. The questionnaire must be completed and signed by the employer. Please call Dedicated DB with any questions at 1-866-269-2706.

## Employer Information

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

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

**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. Mailing Address of Employer:** \_\_\_\_\_

Physical Address (If Different): \_\_\_\_\_

### 7. Owner Information:

Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  F  M

Owner(s)' Email Address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Ownership: \_\_\_\_\_%

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

2nd Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Ownership: \_\_\_\_\_%

### 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?

2021

Other

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

12. Other Plans:

Does the employer sponsor any other plans?

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

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

No

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

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

No

13. Employees:

Yes

No

Does the employer have any rank and file W-2 employees?

Does the employer have any leased employees?

14. 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?

15. Notes/Other Information:

### Client Authorization to Proceed

By signing this form, you are acknowledging as the sponsoring Employer 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. 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

**Dedicated DB**  
Defined Benefit Services  
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