

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 \$18,500 (plus \$6,000 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 2018 is \$55,000 plus \$6,000 catch-up if age 50+

Administration of your plan is provided by Dedicated Defined Benefit Services, 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, 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. Mailing Address of Employer: _____

City: _____ State: _____ Zip: _____

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

12. 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

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: _____

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

Dedicated DB
Defined Benefit Services
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