OnePerson(k)
Personal 401(k)/PS Plan

Plan Design Questionnaire for 2026

The following information is required to complete the set-up of your One Person 401(k)/PS 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 $24,500 or 100% of compensation (plus $8,000 catch up if age 50+) and a 25% profit sharing contribution to the 401(k)/PS plan
- The maximum total contribution for each participant for 2026 is $72,000 plus $8,000 catch-up if age 50+

Administration of your plan is provided by FuturePlan (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 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: _____ Broker Dealer: _____

Mailing Address: _____

Phone: _____ Fax: _____

Plan Information

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

☐ **2026** ☐ **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 2026 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. Include a RothPlus: ☐

16. 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

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