

Pension Strategies, LLC

2141 East Highland Avenue, Suite 180
Phoenix, Arizona 85016
(602) 957-7101

Data Request For

Plan Name: _____

Plan Year End: _____

Supplemental Company Information

1. Employer Entity:

C Corporation Sole Proprietorship Partnership S-Corporation P.C.

LLC taxed as: Corporation **OR** Partnership

2. Date Business Commenced: _____ Type of Business: _____

3. Do you own, control, or manage another business? ** Yes No

Is this business affiliated with any other business? ** Yes No

Do you have leased, union or shared employees? Yes No

Does this business have any prior or existing plans? Yes No

Please explain any "yes" answers: _____

Owner and Officer Information

Names of Owners & Officers*	Title	Percentage of Stock Owned	Family Member?

*Include employees who are related to more-than-5% owners. Please indicate any changes in owner and officer information.

I have provided complete and accurate data to the best of my knowledge and authorize Pension Strategies, LLC to complete the plan administration services for the fees outlined on the fee schedule.

Signature: _____ Title: _____ Date: _____

**Please Refer to "Notes, Alerts and Important Definitions"

Information for Completing the Annual Return

1. Is the plan covered by a fidelity bond? Yes No
 Name of Insurance Company: _____
 Amount of Bond: \$_____ (if plan covers only you and your spouse, bond is not required)
2. Do you have any leased employees? Yes (List on Employee Census Form) No
3. Do you share employees with another company? Yes (List on Employee Census Form) No
4. If this is a 401(k) or 403(b) plan, were employee contributions deposited to the plan no later than the 7th business day following the date the contribution (and loan payment if applicable) was withheld from the employee's paycheck?
 Yes No (Amount Not Timely Deposited: \$_____)**
5. If the plan owns any life insurance policies, please provide us with the Schedule A information sent to you by the insurance company.
6. Did the plan hold 20% or more of its assets in any single security, debt, mortgage, real estate or partnership/joint venture?
 Yes (Amount: \$_____) No
7. Were any loans or fixed income obligations in default or uncollectible at plan year end?
 Yes (Amount: \$_____) No
8. Did any plan transaction involve a "party-in-interest"? Yes (Amount: \$_____) No
9. IRS requires an independent appraisal of items that do not have a "readily determinable or established market value". Examples include real estate, collectibles, limited partnerships and closely held stock.
 Does this plan have any assets of this nature? Yes No
 If yes, complete the following:

Description	Date Appraised	Value

Enter the value of the assets that were NOT valued by an appraiser during the plan year.
 (Amount: \$_____)

10. Were any non-cash contributions made to the plan or non-publicly traded securities purchased by the plan whose value was set without an appraisal by an independent third party?
 Yes (Amount: \$_____) No
11. Were any Form 1099-Rs issued for distributions for this plan year? Yes No
 Please indicate the Employer Identification Number (EIN) or Trust Identification Number (TIN) used on the 1099-R: EIN or TIN # _____

**Please Refer to "Notes, Alerts and Important Definitions"

12. The U.S. Department of Labor requires additional disclosures to participants. Please provide us with a list of financial institutions (banks, brokerage firms, insurance companies) where the plan assets were invested as of the end of the plan year, and the amount invested in each financial institution as of the end of the plan year. (If the plan covers only you and/or your spouse, this information is not required.)

Financial Institution Name	Value at Plan Year End

Company Contributions to the Plan

Total contribution desired for this plan year? \$_____

(Keep in mind you may have up to 8 ½ months after your plan year end to finish funding if you extend your company tax return.)

List all deposits to the plan for this plan year deposited to date. Include insurance premiums paid by the company for policies owned by the plan.

Contribution Date	Contribution Amount
Total Deposited to Date:	\$

Plan Expenses and Disbursements

List all amounts paid out of the plan during the plan year including payments to terminated participants, fees, administrative expenses and insurance premiums paid by the plan.

Date	Amount	Paid to

Census Data

Plan Name: _____

Please be sure to include all employees who worked for you during the plan year. The Employee Contributions and Employer Match columns only apply to 401(k) Plans. **Social Security numbers are extremely important.** If an employee has been re-hired, please list his original hire date and re-hire date. Generally Compensation is provided for your company fiscal year, which is generally the same as your plan year. Call us at (602) 957-7101 if you are not certain which period of compensation to provide. Regardless of the compensation period, hours **must be** reported based on Plan Year.

For Sole Proprietor or Partners, please provide a copy of your “Schedule C” or “Schedule K-1” and page 1 of Form 1040 and Schedule SE when available.

Employee Name	Gender M / F	Social Security No.	Compensation For the Period __/__/__ to __/__/__	Date of Birth	Date of Hire	Date of Term. (if applicable)	Hours* (see code chart below)	Employee Contribution	Employer Match (if applicable)	Officer Ownership % / Family Member?

*Hours Codes: *Hours should be reported on a Plan Year basis	A = 1,000+	B = 501 – 999	C = <500
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The information outlined above is a complete and accurate census covering all employees for the above plan year end.

Signature _____ Print Name _____ Date _____

PLAN ASSET SUMMARY

Prepare this summary for the plan as a whole. Also prepare a separate summary for pooled and directed investments, if any. If all of your plan investments are held in one or two financial institutions, you may be able to supply a copy of your brokerage statements instead of completing this form. Please call us at (602) 957-7101 to discuss other options.

	Beg. of Year Market Value	End of Year Market Value
ASSETS AND LIABILITIES		
Cash		
Receivables		
U.S. Government Securities		
Mutual Funds		
Corporate Stocks and Bonds		
Real Estate		
Mortgages and Loans Other Than to Participants		
Cash Value of Insurance		
Participant Loans		
Partnership/Joint Venture Interest		
Employer Real Property or Employer Securities		
Other		
Total Assets		
Liabilities		
Total Net Assets		
INCOME		
Employer Contribution		
Employee Contribution		
Earnings on Investments (Interest, Dividends)		
Net Gain (Loss) on Sale of Investments		
Unrealized Market Gain (Loss) on Investments		
Other Income: _____		
Total Income		
EXPENSES		
Participant Distributions Total (detail listed on page 4)		
Insurance Premiums		
Administrative Expenses Paid from the Plan		
Other Expenses: _____		
Total Expenses		
Net Gain (Loss):		
Net Assets at Beginning of Year		
Net Assets at End of Year (should equal Net Gain (Loss) Plus Net Assets at Beginning of Year AND it should Match total End of Year Assets Above)		

INSURANCE REVIEW

Plan Name: _____

Please fill in all the information below or forward this form to your insurance agent for completion. If there are new policies not listed below, please provide this information also.

Participant Name	Policy Number	Face Value	Cash Surrender Value at [PYB]	Cash Surrender Value at [PYE]	Accumulated Value at [PYB]	Accumulated Value at [PYE]	Dates and Amount of Premium Paid

Agent Name	Agent Address	Commissions Paid
		\$
		\$
		\$
		\$
		\$
		\$

Thank you for selecting Pension Strategies, LLC to provide you with qualified plan administration services. This letter outlines some of the pertinent information with regard to the administration of your plan. Please call us with any questions or comments you might have regarding any matters discussed or any information in this letter.

Please review this letter to be sure that we all have a clear understanding of the services that Pension Strategies, LLC will perform on your behalf. If you agree with the terms of this letter, please sign the letter and return it to our office. If you have any questions, please feel free to call and discuss those questions with us.

Annual Administration Services: In order for us to do the best job for you, we ask that you provide the completed Data Request packet as soon as the information is available. As a reminder, the IRS and DOL deadline for filing your return is seven months after the plan year-end. If necessary, Pension Strategies, LLC can extend the filing deadline an additional two and one half months by filing Form 5558 for an additional cost listed on the Fee Schedule. If we are not able to obtain complete data within 30 business days of the extended filing deadline, an additional 25% will be added to your fee for priority processing.

The Fee Schedule lists our Standard Fees; it may be modified in the future. To qualify for our Standard Fees, we ask that the Data Request packet be fully completed by you or your advisors and returned to us on a timely basis. Subsequent changes to the data provided to us that result in additional work are billed at our Normal Hourly Rates for the time necessary to revise the work. In addition, services that you request that are not listed on the Fee Schedule are billed at our Normal Hourly Rates. Normal Hourly Rates vary from \$50 to \$150 per hour depending on the individual performing the services.

The Annual Administration Services for the plan includes the following, where applicable:

Annual Plan Valuation:

- Determining eligibility for your plan based on your employee census (Please provide data electronically for 10 employees or more);
- Providing vesting schedule calculations for participants;
- Participant discrimination testing of all types (ADP; ACP; 402(g); 404; 415, etc.)
- Plan contribution calculations:
 - One estimated calculation based on estimated data is included; and
 - One final calculation based on final employee data is included.
 - Additional calculations will be billed at Normal Hourly Rates.

Annual Return:

- Preparation of the Internal Revenue Service and Department of Labor Form 5500;
- Attachments to the Form 5500 as required (including Schedule A, Schedule I, etc.);
- Schedule B and the actuarial valuation for defined benefit plans;
- PBGC Forms (if required) for defined benefit plans; the PBGC premium is paid by the client
- Pension Protection Act compliance requirements including AFTAP, participant notices, etc.

Participant Information:

- Participation allocations and statements, if applicable, for defined contribution plans;
- Participant benefit statements, if applicable, for defined benefit plans as requested by client;
- Summary Annual Report, if required.

This Service Agreement authorizes us to prepare the above services for the plan, plus any services listed on our Fee Schedule that are necessary to properly administer the plan in accordance with current laws and regulations. This Service Agreement also authorizes us to provide services listed on the Fee Schedule that you or your representatives request. Please note that we do not engage in the sale of securities, insurance or other investments which might comprise the retirement plan assets.

Electronic Filing: Internal Revenue Service [IRS], Department of Labor [DOL], and the Pension Benefit Guaranty Corporation [PBGC] require electronic filing of the annual return(s). This Service Agreement authorizes us to communicate with the IRS, DOL, and PBGC as it relates to the transmission of your electronic filings that may be required by any or all of these agencies. Should the PBGC, IRS, or DOL have additional questions as a result of these filings, Pension Strategies, LLC is also authorized to provide them with supplemental data.

Please be aware that information provided by you, your advisors or your prior service providers is not audited in any way by Pension Strategies, LLC. Our administration and calculations are based on information that is provided to us and we are not responsible for any incorrect information provided by you or any of your advisors.

Please note that the fees for services are due and payable upon receipt of our invoice. After 30 days, if payment has not been received, you will be assessed a late fee of 1-1/2% per month. Either party may terminate this engagement upon written notice.

This Service Agreement shall be governed by and construed in accordance with the laws of the State of Arizona, excluding its conflict-of-laws provisions that would require the application of any other law. Any litigated or arbitrated disputes with respect to this Service Agreement and/or the services provided hereunder shall be resolved in Maricopa County, Arizona, and the parties agree that this is proper venue and jurisdiction.

We will work closely and professionally with you in the coming years to assure that your plan is maintained at our highest standards. We look forward to serving you.

Service Agreement accepted by:

Name: _____ Trustee of the Plan: _____ Date: _____

Name of Plan: _____ Plan Year End: _____

Plan Sponsor Company: _____

Sponsor Representative: _____ Title: _____ Date: _____

NOTES, ALERTS AND IMPORTANT DEFINITIONS

NOTES

- **Note regarding question 4 on page 2:**

DOL regulation 29 CFR 2410.3-102 states that if this plan is a 401(k) plan the employer is required to deposit 401(k) deferrals on the earliest date on which such amounts can reasonably be segregated from the employer's general assets, but in no event later than the 15th day of the next month.

In the event of late deposits, please attach a listing of each deposit that you have determined to be late.

In the event of late deposits, Pension Strategies, LLC is authorized to calculate the lost earnings due to participants, coordinate the payment of the lost earnings to the plan, prepare the Form 5330 for payment of the excise taxes and to coordinate with the Employer for any other corrections. I understand that the Employer will be assessed additional fees at hourly rates for these extra services.

Failure to transmit 401(k) deferrals on a timely basis is a prohibited transaction subject to a 15% excise.

- **Note regarding question 9 on page 2:**

If this plan holds any assets that are limited partnerships, please note that the value of the limited partnership is not listed on the K-1, but must be determined by appraisal.

ALERTS

- **If an owner/employee has reached age 70 ½ since you last sent us census data has terminated or retired, please provide their final census data as soon as possible. They may need to start receiving required minimum distributions by April 1st of the following year. Please provide the information so we may timely calculate the amount of their distribution. Failure to make distribution in a timely manner may result in a 50% excise tax.**

IMPORTANT DEFINITIONS

- **Controlled Group:** Any group of business that have common ownership by the same stockholders may comprise a "Controlled Group".

IRC Section 414(c) states that all employees of trades or businesses which are under common control, shall be treated as employed by a single employer.

- **Affiliated Service Group:** Two companies that may have minimal common ownership, yet provide services primarily for each other, may comprise an "Affiliated Service Group".

IRC Section 414(m) states that all employees of an "Affiliated Service Group" of organizations are considered employees of a single employer.