

# Split Funded Pension Plan Data Questionnaire

**Complete the following information and let us design the best plan for your client.**

CONFIDENTIAL DATA			
1. <b>Business Name</b>	<b>State of Business Location</b>	<b>Fiscal Year</b> [mo./day to mo./day] from to	<b>Date Business Organized</b>
2. <b>Type of Business Entity:</b> <input type="checkbox"/> Sole Proprietor, Partnership, or LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Prof. Corporation			
3. <b>Does the business or its shareholder[s] own or control any other business[s], or is this business a member of an affiliated service group?</b> If yes, all such businesses may have to be covered by a similar plan. Please submit a census for all such businesses.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <b>Does the employer lease any employees?</b> If yes, does the leasing organization provide the required minimum pension for these employees?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. <b>Are there any Union Employees?</b> Are they to be excluded from the plan because good faith bargaining has occurred for pension benefits?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6. <b>Has the business ever maintained, does it now maintain, or does it intend to install any other Qualified Retirement Plan?</b> <b>If so, what type of Plan?</b> _____ <b>Were contributions made for current year?</b> _____ If yes, please furnish complete details with this form.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Design plan around:</b> Total tax deductible contribution of <input type="checkbox"/> MAX or [\$] _____ [%] for fiscal year ending ____/____/____ [mo./day/year] Normal retirement age of _____. [ages 55 – 65 or 5 years of service] Attained age of _____ [maximum age 21]. Completion of _____ year[s] of service [max 2]			

EMPLOYEE CENSUS
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Complete for everyone employed as of the current date. Attach separate page for other employees. **(Please print legibly)**

	Name	Date of Birth (mo./day/yr)	Date Employed (mo./day/yr)	Key Employee <sup>1</sup>	Annual Compensation <sup>2</sup>	Ownership %	Part-time <sup>3</sup>
1.							<input type="checkbox"/>
2.							<input type="checkbox"/>
3.							<input type="checkbox"/>
4.							<input type="checkbox"/>
5.							<input type="checkbox"/>
6.							<input type="checkbox"/>

Special Request/Comments:

<sup>1</sup> Use K to indicate an officer or an owner.  
<sup>2</sup> S-Corps: List W-2 compensation only; K-1 income not eligible  
 Sole Proprietors, Partnerships and LLC's: List net income before reduction for pension contribution and self-employment tax.  
<sup>3</sup> Part-time employees are those who have worked less than 1,000 hours during each 12-month period following Date of Employment.

*Please fax back to Mercury Financial Group at 214.210.5998*