Compliance Data Center Worksheet

The following are questions that you will be asked in the Compliance Data Center. This worksheet will help you to know in advance what information you’ll need to gather to complete the Compliance Data Center process.

**Plan & Employer Information page:**

1) Plan Name

2) Plan Year End

3) What is your IRS Business Code? ____________________________ (Note: If you don’t know this information, you can look the code up at [http://www.irs.gov/instructions/i5500/ar03.html#d0e9375](http://www.irs.gov/instructions/i5500/ar03.html#d0e9375).)

4) What is your Business Entity Type? (Corporation, Partnership, etc.) _________________

5) Has your Business Entity type for tax filing purposes changed from last year?  Yes___ No___

6) Is your company fiscal year the same as your plan year?  Yes___ No___
   - If you answered “No”, what is your company’s fiscal/tax year start and end date?
     Start Date: ________________  End Date: ________________

7) Has your company fiscal year changed from last year?  Yes___ No___

* The following section is for plans that have a Business Entity type of Partnership (or LLC taxed as a partnership) only:

Please provide a listing of each partner and their respective percentage or portion of expenses used to allocate employees pension expense. Also, you will be asked to upload each partner’s K-1 (if available) by browsing for the file, and uploading it to the webpage.

<table>
<thead>
<tr>
<th>Partner Name</th>
<th>Partner Expense Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Testing Questions page:

1) Do you have any employees who were activated for military service?  Yes___  No___

   - If you answered “Yes”, please provide the following details:

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>SSN</th>
<th>Date Activated</th>
<th>Date Returned (If employee is still activated, enter “N/A”)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2) Did you have any leased employees this year that became employees paid through your payroll? Yes___  No___

   - If you answered “Yes”, please provide the following details:

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Leased Date of Hire</th>
<th>Employee Date of Hire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3) Is this company or any of its owners related to another company through ownership or services performed? (For example, two owners of the company each purchased 40% of another business; or the owners of a medical practice own 5% of a diagnostic center and refer their patients to the center.) Yes___  No___

   - If you answered “Yes”, please provide the following details for any company that paid employees during the plan year:

<table>
<thead>
<tr>
<th>Name of Owner (Person or Company Name)</th>
<th>Name of Other Company Owned</th>
<th>% Ownership in Other Company</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4) Do you have any employees who are part of a family group? Yes___  No___

   - If you answered “Yes”, for each employee who is a member of a family group, please list the employee's name, the employee's relationship to the owner (Spouse, Child, Parent, Grandchild), and the name of the owner the employee is related to below:

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Relationship to Owner</th>
<th>Name of Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(FAMILY GROUPS: Lineal ascendants and descendants and their spouses may be considered owners of the company through family attribution of ownership. Therefore it is important for us to know all owners who are related to employees who meet any of the following definitions: parent, child, grandchild, or spouse. Please note you must also include non-employed owners who may be related to an employee who is a lineal ascendant or descendant as defined above.)

5) Do any of the owners' family members own a percentage of any other company? (Note: Family member ownership must be reported for the following owner relatives: Spouse, Child, Parent and Grandchild.) Yes___ No___

- If you answered “Yes”, please supply details of family member ownership:

<table>
<thead>
<tr>
<th>Name of Owner</th>
<th>Name of Family Member That Owns Another Business</th>
<th>Relationship to Owner</th>
<th>Name of Company Owned by Family Member</th>
<th>Family Member's % Ownership in That Company</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6) Do you have any other qualified pension, profit sharing, or 401(k) Plans that we don't administer? Yes___ No___

- If you answered “Yes”, please provide the Plan name and type of plan (401(k), Profit Sharing, Money Purchase, Defined Benefit, 403(b), 457):

<table>
<thead>
<tr>
<th>Name of Plan</th>
<th>Type of Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7) What is the amount of Fidelity Bond coverage you provide for the Plan?

______________________________________________

8) What is the name and email address of the officer, owner, partner, etc. from your firm who will sign this year's 5500 form?

<table>
<thead>
<tr>
<th>Name of Signer</th>
<th>Signer's Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9) Did you make (or will you be making) a Profit Sharing contribution for this plan year? Yes___ No___
If you answered “Yes”, please let us know what, if any, contribution will be made by listing the profit sharing calculation type (Safe Harbor, Fixed %, Fixed $ Amount, Maximum Allowable, TPA Calculates) and the calculation percentage or dollar amount:

<table>
<thead>
<tr>
<th>Profit Sharing Calculation Type</th>
<th>% or $ Amount for the Calculation (If none, enter ‘None’)</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________________</td>
<td>______________________________________________________</td>
</tr>
<tr>
<td>______________________________</td>
<td>______________________________________________________</td>
</tr>
<tr>
<td>______________________________</td>
<td>______________________________________________________</td>
</tr>
</tbody>
</table>

10) Did you make (or will you be making) an Employer Matching contribution for this plan year? Yes___ No___

- If you answered “Yes”, please let us know what, if any, contribution will be made by listing the type of match (Safe Harbor Basic, Safe Harbor Enhanced, Discretionary, Fixed Match %, TPA Calculates) and the match formula or dollar amount:

<table>
<thead>
<tr>
<th>Type of Match</th>
<th>Match Formula or $ Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________</td>
<td>________________________</td>
</tr>
<tr>
<td>__________________</td>
<td>________________________</td>
</tr>
<tr>
<td>__________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

11) Were employee deferrals and/or participant loan repayments deposited within the time specified by the Department of Labor Regulation 29 CFR 2510.3-102? Yes___ No___

Please Note: This regulation requires that deferrals be deposited to the plan at the earliest time they can be segregated from the general assets of the employer, but in no event later than the 15th business day of the month following the month the deferrals were withheld. (Some DOL auditors have determined that deposits should be made within 3 days following the date they are withheld from a participant's check.)

A recent regulation clarifies that plans with less than 100 participants at the beginning of the plan year must deposit deferrals no later than the 7th business day following the payroll date.

12) Who is your current payroll provider? ___________________________________________

13) Does your company maintain a cafeteria plan?

- If you answered “Yes”, enter the total cafeteria deduction amount ___________

14) For data verification, you will be required to provide us with a copy of your Form W3. If this form is available, you will be asked to upload it to us via the website. You may also fax a copy to your Relationship Manager at (912) 356-0257.