

ANNUAL PLAN COMPLIANCE DATA REQUEST FORM

The information requested below will assist us in performing the annual compliance and non-discrimination tests required by the Internal Revenue Service to maintain the qualified status of your employee benefit plan(s).

Plan Name

Plan Year End

EMPLOYER INFORMATION

Please complete the following information with respect to the Employer(s) sponsoring the plan. You should complete a separate form for each Employer. Please include City, State, and Zip on address line(s).

Name of Employer

Mailing Address

Physical Address

Website Phone

Employer Identification No. (EIN) Plan Year End

Trust Identification No. Fiscal Year End

North American Industry Classification Code (Corresponds with tax return)

Primary Contact Secondary Contact

Phone Phone

Fax Fax

Email Email

Accountant - Firm Attorney - Firm

Accountant - Contact Attorney - Contact

Accountant - Phone Attorney - Phone

Investment Co. Insurance Agency

Investment Broker Insurance Agent

Broker - Phone Agent - Phone

Entity: Individual Partnership C Corp S Corp LLC LLP NotforProfit Government Agency

If LLC or LLP, entity is taxed as: Sole Proprietor Partnership Corporation

Highly Compensated/Key Employees - This information is required to determine highly compensated employees (HCEs) and key employees for non-discrimination and top heavy purposes.

Owner Information - Please complete the following information with respect to each owner with an ownership interest in the employer named above. An individual is treated as owning any interest that is owned by that individual's spouse, children, grandchildren or parents. Attach additional pages if necessary.

NAME OF OWNER	SOC. SEC. NO.	% OWNED	RELATED EMPLOYEE	RELATIONSHIP TO OWNER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

% of shares held by others who are not employees

Total (Should total 100%)

EMPLOYER INFORMATION CONTINUED

Officer Information - Please complete the following information regarding all officers of the employer named on the previous page during the plan year. For plan purposes, an officer is defined as any employee with management authority and/or hiring/firing capabilities. The number of officers is limited to the greater of 3 or 10% of all employees, not to exceed 50 employees. Attach additional pages if necessary.

NAME OF OFFICER AND TITLE	SOC. SEC. NO.	NAME OF OFFICER AND TITLE	SOC. SEC. NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do the owners of the Employer or the Employer itself own any other entities? Yes No

If yes, list all other entities, the names of the owners of those entities and the percentage of the entities owned. For each entity, indicate if the entity has employees and, if so, if those employees are included in the Census Data. Attach a separate page or pages if necessary.

NAME OF ENTITY	NAME OF OWNER	% OWNED	DOES THE ENTITY HAVE ANY EMPLOYEES?		ARE EMPLOYEES INCLUDED/ IDENTIFIED IN CENSUS DATA?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is the Employer managed by another entity, including the entity listed above? Yes No

Does the Employer manage any other entity, including an entity listed above? Yes No

GENERAL INFORMATION

Do you maintain any other employee benefit plans? Yes No

If Yes, please indicate type:

Cafeteria Plan / Health Saving Account SEP Keogh 401(k) MPP Other

If you are not using our document, was the plan amended at any time during the plan year? Yes No

If Yes, please provide a copy of the amendment(s).

Preferred method of communication: Email Phone Fax Mail

If your plan has more than 100 participants, please provide the following information for the external auditor of the 5500 filing:

Name of Audit Firm:

Contact: Phone:

Address: Email:

CENSUS INFORMATION

Did you rehire any former employees? Yes No

If Yes, please include all dates of hire, termination and rehire on census data and indicate status.

Do you have any individuals who are on Leave of Absence? Yes No If Yes, how many?

Are they included with the employees reported on your census data with a notation regarding their status? Yes No

Do you have any individuals performing services as a "leased employee"? Yes No If Yes, how many?

Are they included with the employees reported on your census data with a notation regarding their status? Yes No

Do you employ any individuals who are non-resident aliens? Yes No If Yes, how many?

Are they included with the employees reported on your census data with a notation regarding their status? Yes No

Do you have any union employees? Yes No If Yes, how many?

If they are excluded from coverage under this plan, are they excluded under a Collective Bargaining Agreement where retirement benefits have been a subject of negotiation? Yes No

Are they included with the employees reported on your census with a notation regarding their status? Yes No

Do you have any employees on military leave or who have returned from military leave? Yes No If Yes, how many?

Please be certain these employees are reported on your census data with notation regarding their status and period of leave.

CONTRIBUTION/TRUST INFORMATION FOR THE PLAN YEAR

If this is a Safe Harbor 401(k) Plan, do you intend to make the required safe harbor contribution for the plan year?

Yes No

Is there a **matching contribution** made to the Plan during the plan year? Yes No If Yes, complete the following:

Total match for the plan year:

Discretionary allocation formula (e.g. 50% of the first 6% of compensation deferred)

% of deferrals up to % of compensation or \$

Attach corporate minutes or adopting resolution, if applicable, identifying amount of match. Expected date of payment:

Do you want us to calculate the maximum amount of match contribution? Yes No

Is there an **annual (year-end) profit sharing contribution** made for the plan year? Yes No If Yes, complete the following:

If using a discretionary allocation formula (e.g. 10% of compensation, 10% per participant, or \$50,000), please describe below

% of compensation, % per participant, or \$

Attach corporate minutes or adopting resolution, if applicable, identifying amount of contrib. Expected date of payment:

Do you want us to calculate the maximum contribution? Yes No

If this is a Money Purchase Plan (MPP), do you want us to calculate the mandatory contribution amount due? Yes No

For 401(k) /403(b) Plans provide the date & amt of the last payroll/contribution made for the yr. If this contribution was received by the trust after the last day of the plan year, please provide a breakdown of the contribution by participant.

Did the Plan have transactions between the employer, employee representative (i.e. Union that represents employees covered), trustee(s), owners, and/or a relative of an owner this year? (i.e. Purchase/Sale of trust assets, employer stock, loans, etc.?) Yes No

If, Yes please explain:

Your Plan must be insured by a Fidelity Bond. Please indicate the face amount of your fidelity bond as of the first day of the plan year, the name of your insurer and the expiration date for your bond:

Face Amount Insurer Expiration Date

CERTIFICATION AND AUTHORIZATION

*We rely on the information you provide to us to complete the annual report and compliance testing. Our process includes careful review of the information; however, incomplete or misunderstood data can result in errors. **Failure to complete this form and provide detailed information in its entirety may delay the completion of your annual work.***

I hereby state that the information provided above is complete and accurate.

I hereby authorize you to discuss the plan with the following third parties:

- Investment Broker named above
- Accountant named above
- Attorney named above
- Auditor named above
- Insurance Agent named above
- Other

I hereby authorize you to provide plan data, as requested by and to the following third parties:

- Investment Broker named above
- Accountant named above
- Attorney named above
- Auditor named above
- Insurance Agent named above
- Other

If you have any questions while completing the form - please do not hesitate to give us a call at 406-449-5500 or you can e-mail your plan consultant. Thank you for taking the time to complete the request form!

Completed by: Date:

FOR INTERNAL USE ONLY

Received: PM Updated: Relius Updated:
By: By: