



# Small Business Pension Program Plan Set Up Questionnaire

The following information is required to complete the establishment of your *Small Business Pension Program*<sup>SM</sup>. All answers will be kept strictly confidential. Administration of your *Small Business Pension Program* is provided by EMJAY Retirement Plan Services, Inc., a professional retirement plan administration firm.

The questionnaire must be completed and signed by the employer with the assistance of your Financial Advisor or a representative at EMJAY Retirement Plan Services, Inc.

Please call EMJAY Retirement Plan Services, Inc. at 1-866-269-2573 with any questions.

# Employer Information

## 1. Legal Name of Employer:

DBA Name (if applicable): \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner(s) Email Address: \_\_\_\_\_

Mailing Address of Employer: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

2. Employer ID#: \_\_\_\_\_

## 3. Entity Type:

C-corp;  S-corp;  Partnership;  Sole Proprietor;  LLC;  Other: \_\_\_\_\_

4. Employer's Fiscal Year End: \_\_\_\_\_

Date of Incorporation or Date Business Began: \_\_\_\_\_

*If business entity type has changed, please explain under Notes (Item 20).*

5. Principal Business Activity: \_\_\_\_\_

Six Digit Business Code: \_\_\_\_\_

6. Enter estimated contribution you wish to make: \$ \_\_\_\_\_

*All contribution amounts are ESTIMATES ONLY until your final year-end data is received and the contribution is approved by the actuary at EMJAY Retirement Plan Services, Inc.*

**7. Contact Person (if other than the owner):**

Name:

\_\_\_\_\_  
Company:

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
Phone:

Email:

Fax:

**8. Financial Advisor:**

Name:

Branch Code:

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
Phone:

Email:

Fax:

**9. Accountant:**

Name:

\_\_\_\_\_  
Company:

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
Phone:

Email:

Fax:

**Plan Information**

**10. Effective Date of Plan:** (usually the first day of the current fiscal year): \_\_\_\_\_

**11. Trustee(s)** (usually the owner): \_\_\_\_\_

**12. Eligibility Requirements:**

Union employees and nonresident aliens earning no U.S. income are not eligible to participate in the plan. Eligible employees will enter the plan on the semi-annual date after completing the following requirements:

**Age Requirement:**

- Age 21
- Other (not greater than age 21): \_\_\_\_\_

**Service Requirement:**

- None (allows part-time employees to enter the plan)
- 1 Year of Service
- 2 Years of Service (requires 100% vesting)

**13. Vesting Schedule for Employer Contributions:** (check one)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year	100% Immediate Vesting	6 Year Graded Vesting	3 Year Cliff Vesting
1	100%	0%	0%
2	100%	20%	0%
3	100%	40%	100%
4	100%	60%	100%
5	100%	80%	100%
6	100%	100%	100%

**14. Other Plans:**

**Does the employer sponsor any other plans?**

- Yes; Description: \_\_\_\_\_  
If Yes, what is the amount of the contribution, if any, to the other plan? \$ \_\_\_\_\_
- No

**Has the employer sponsored any plans that have been terminated?**

- Yes; Description: \_\_\_\_\_
- No

**15. Related Employers:**

If your business is part of a controlled group or affiliated service group, employees of all members of the 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 stockholders of the employer own interests in other businesses?
- Is the employer part of a controlled group of businesses?
- Is the employer part of an affiliated service group?
- Does the employer have any leased employees?

## Census Information

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**16. Owner's Name:**

Date of Birth:

Date of Hire:

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Please list any additional owner and compensation history under Notes (Item 20).

**17. Compensation:** (See instructions on page 7.)

**Owner's 2006 Expected Compensation:** \_\_\_\_\_

**Compensation:** Please list the last three years of Compensation, plus any previous years if higher:

Year	Compensation	½ Self-Employment Tax (if applicable)	Plan Contributions (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**18. If you have employees, please complete the following:**

<u>Name</u>	<u>Date of Birth</u>	<u>Date of Hire</u>	<u>Compensation</u>	<u>Works Over 1,000 Hours?</u>	<u>Officer?</u>
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**19. What is the first plan year of administration for which EMJAY Retirement Plan Services, Inc. is responsible:**

- 2006
- 2007
- Other

**20. Notes/Other Information:**

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Please sign and date below. By signing this form, you are acknowledging as the sponsoring employer that you have received and read the *Small Business Pension Program* proposal, understand the fees set forth in the proposal and understand that a defined benefit plan has a required annual contribution. 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. If you have any questions or need help completing this questionnaire, please contact EMJAY Retirement Plan Services, Inc. at 1-866-269-2573.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make your check payable to EMJAY Retirement Plan Services, Inc.**

**Mail this signed form with your check to:**

EMJAY Retirement Plan Services, Inc.  
 Attn: Small Business Pension Program  
 5001 North Lydell Avenue  
 Milwaukee, WI 53217

UBS Financial Services Inc. does not provide tax or legal advice. You should consult your tax or legal professionals regarding the establishment of a retirement plan.

## General Information

### Compensation:

The definition of Compensation varies by business entity type.

- 1) Compensation means W-2 income if your business entity type is a corporation, S-corporation or LLC electing to be taxed as a corporation or S-corporation. When completing Item 17, enter your estimated W-2 income for the current year. Please also complete the first two columns of the Compensation History section: enter the year and your W-2 income. Do not complete the last two columns.
- 2) Compensation means Net Business Income if your business entity type is a sole-proprietorship, partnership or LLC electing to be taxed as a sole-proprietorship or partnership. Net Business Income is your gross income minus expenses. When completing Item 17, enter your estimated Net Business Income for the current year. Please also complete each column of the Compensation History section: enter the year, Net Business Income, deduction for ½ self-employment tax and any deduction for contributions made to a SEP, SIMPLE or any qualified retirement plan. For a sole-proprietorship, Net Business Income is on line 31 of your Schedule C and line 12 of your Form 1040. The deduction for ½ self-employment tax is on line 27 of your Form 1040, and any deduction for contributions to a retirement plan is on line 28 of your Form 1040.

### Other notes about Compensation:

- 1) When entering Compensation History, do not list compensation paid from an unrelated business. For example, if your business began in 2006 and before that you worked for ABC Inc., do not list compensation paid by ABC Inc.
- 2) For S-corporations, Schedule K-1 dividend distributions cannot be used as Compensation.
- 3) In general, Compensation does not include “passive income” such as income from investments or property.
- 4) Compensation must be received only from the employer (plan sponsor) establishing the plan.
- 5) Please refer to your CPA to determine where deductions are taken on the appropriate tax return.

### Fidelity Bond

If your plan has participants other than owners and their spouses, it is required by ERISA that Plan Fiduciaries be bonded for plan assets. A Fidelity Bond is necessary to protect the plan against loss through fraud or dishonesty on the part of the plan officials. Plan Fiduciaries should be insured for a minimum of 10% of the plan assets, but not less than \$1,000. The maximum amount required is \$500,000. A Fidelity Bond may be obtained through your business property and casualty insurance carrier.

### PBGC Coverage

Defined Benefit plans are required to be covered by the Pension Benefit Guaranty Corporation (PBGC) insurance program with the following exceptions:

- Professional Service Employer with less than 25 participants
- Owners only / with spouse

A professional service individual includes, but is not limited to, physicians, dentists, chiropractors, osteopaths, optometrists, other licensed practitioners of the healing arts, attorneys at law, public accountants, engineers, architects, draftsmen, actuaries, psychologists, scientists and performing artists. If required to be covered by the program, premiums will need to be paid to the PBGC.

*The Small Business Pension Program is a service mark of UBS Financial Services Inc.*

UBS Financial Services Inc. does not provide tax or legal advice. You should consult your tax or legal professionals regarding the establishment of a retirement plan.