Independent Actuaries, Inc.

PLAN QUESTIONNAIRE

Questionnaire completed by: _____ Date: _____

Plan Information (new plans leave blank):

Legal Plan Name _____
Plan Number (PN) _____ Date Plan Year Ends _____

Employer/Plan Sponsor Information:

Legal Employer Name _____ Employer ID (EIN) _____
Business Address (not P.O. Box) _____
_____ PHONE _____
Email Address _____ FAX _____
Mailing Address (If different) _____

Type of Business Entity: ☐ Partnership ☐ Sole Proprietorship ☐ Professional Service Corporation
☐ C Corporation ☐ S Corporation ☐ LLC ☐ Other _____
If LLC, taxed as: ☐ Partnership ☐ Sole Proprietorship ☐ C Corporation ☐ S Corporation

Date Fiscal Year Ends _____ 6-digit Business Code (from tax return) _____

Date Business was established: _____

Does the employer currently sponsor or has the employer ever sponsored any other qualified plans? Examples are: Defined Benefit, 401(k), Profit Sharing, SEP, SIMPLE. ☐ No ☐ Yes
If yes, list any plans previously or currently maintained by the employer: _____
_____

Is the plan sponsor part of a controlled group of corporations or an affiliated service group? ☐ No ☐ Yes ☐ Don't Know

The plan administrator is: ☐ Same as plan sponsor ☐ Different than plan sponsor
If different, enter plan administrator name, address, EIN, phone, and email: _____
_____
_____

Trust Information:

Trustee(s) full legal name

_____
_____
_____

If the Trust has a separate legal name (other than the plan name) or if the trust has a separate tax ID, enter here.
Trust Name _____ Trust ID (TIN) _____

Other Information:

_____
_____
_____
_____

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Suite 520
Lake Oswego, OR 97035

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PLAN QUESTIONNAIRE

Owner/Officer Information:

Please list all individuals who are officers, owners, partners or stockholders. Also list any of their family members who are employees. *Please attach additional pages if necessary*.

Name	Officer	Owner/Partner/Stockholder	% of Ownership / Relationship

Does any owner, partner or stockholder or the spouse of an owner, partner or shareholder of the employer have ownership in any other business not covered by this plan?

☐ No ☐ Yes If yes, please explain: _____

Contact Information:

Main Contact _____ Salutation _____
Address _____
Email Address _____ PHONE _____
Preferred correspondence delivery method*: ☐ Electronic ☐ Paper

***Note**: all correspondence to below contacts will be sent electronically unless otherwise specified:

Alternative Contact (e.g. for data request) _____ Salutation _____
Copy on reports/correspondence? ☐ Yes ☐ No May we speak with contact? ☐ Yes ☐ No
Address _____
Email Address _____ PHONE _____

Accountant _____ Salutation _____
Copy on reports/correspondence? ☐ Yes ☐ No May we speak with contact? ☐ Yes ☐ No
Address _____
Email Address _____ PHONE _____

Attorney _____ Salutation _____
Copy on reports/correspondence? ☐ Yes ☐ No May we speak with contact? ☐ Yes ☐ No
Address _____
Email Address _____ PHONE _____

Financial Advisor _____ Salutation _____
Copy on reports/correspondence? ☐ Yes ☐ No May we speak with contact? ☐ Yes ☐ No
Address _____
Email Address _____ PHONE _____

Other Contact (Specify) _____ Salutation _____
Copy on reports/correspondence? ☐ Yes ☐ No May we speak with contact? ☐ Yes ☐ No
Address _____
Email Address _____ PHONE _____

Current Administrative Firm(s) for any qualified plans maintained by the employer _____
Contact Person(s) _____
May we contact the firm(s) at this time? _____

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