PLAN DESIGN QUESTIONNAIRE FOR

_____(COMPANY NAME)

1. Please complete the Confidential Information Form completely and return to our office.

2. Which Plan Design do they want to go with:

    _____Profit Sharing Only   _____Profit Sharing with New Comparability
    _____401(K) Regular   _____401(K) Safe Harbor
    _____401(k) Safe Harbor with New Comparability

3. Who do they want to name as Plan Trustee(s):

    _____   _____

    _____   _____

4. Eligibility Requirements:

    _____ Standard - Age 21 with 12 months of Service (recommended!!)

    _____ Other – Please select what eligibility you would like to use. Note: Using less than 12
           months eligibility will bring in more participants and increase the cost of the plan.

           ___   3 month
           ___   6 month
           ___   Immediate
           ___   Other   _____

5. Vesting Service Credited from:

    _____ Date of Employment

    _____ Effective Date of the Plan

    (Note: if the Employer had a previous Plan, Date of Employment must be selected)

6. Which Vesting Schedule:

    _____ 3-Year Cliff   _____ 6-Year Graded

    _____ Other – Please provide desired schedule_____

7. Roth Provisions   _____ No   _____ Yes

8.   How does the employer want to satisfy Safe Harbor Provision:
        Note: These contributions will be **REQUIRED and 100% vested.**

____   3% Non – Elective Contribution to All Employees. This contribution is 100% vested and made to all employees regardless whether or not they make 401(k) Deferrals. Please note, if the plan is using a *New Comparability* formula, this is the Safe Harbor Provision that is normally used.
        ____ Made every pay period
        ____ Made at the end of the year

____   Match
        _____ 100% of the first 3% deferred and 50% on the next 2% deferred
               (i.e. 5% deferral would receive a 4% match)
        _____ 100% up to 4% deferred.
               ____Made every pay period.
               ____Made at the end of the year.

____   This plan <u>WILL NOT</u> be Safe Harbor
        NOTE: The 401k contributions the Highly Compensated Employees (HCES) make will be limited by the amount of 401k contributions the Non Highly Compensated Employees (NHCES) contribute. HCEs may be required to take contributions back based on annual testing. If those contributions are not returned within 2 ½ months after the end of the year a penalty will be assessed. The employer could also be required to make contributions of 3% of the employees compensation it the plan was to become Top Heavy. The plan becomes Top Heavy once the Key Employees have more than 60% of the total plan assets.

9.   Does the Employer want to accept Rollovers from other Employer Plans:

_____   No

_____   Yes, (if yes, choose one option below)

        _____   From any employee even if not otherwise eligible

        _____   From an Eligible Participant only

10.   Participant Loan Provisions: _____ Yes _____ No

      If yes, please complete the follow:

      Use standard IRS Provisions _____ Yes _____ No
          Standard IRS: - Acquisition of principal residence (excluding mortgage payments).
                         - Substantially rehabilitating a personal residence for the Participant.
                         - Payment of deductible medical expenses (described in Section 213(d) of the Code, incurred by the
                           Participant, his or her spouse or dependents.
                         - Payment of tuition for the college education for Participant, spouse, children, or dependents.
                         - Prevent eviction of the Participant from his principal residence or foreclosure on the mortgage of the
                           participant's principal residence.

Payment Frequency of Loan Payments
_____ Pay Period   _____ Monthly _____ Quarterly
(Note: Payments must be made on a payroll deduction basis in order to prevent defaulted loans)

11.   Do they want Hardship Withdrawal Provisions: _____   Yes   _____ No

       If Yes,

       a. Available for which accounts?
            _____ Deferral _____ Matching_____ Employer

12.   Do you need Benefit Solutions to provide Deferral Election Forms (not investment elections forms for those plans with directed investment accounts)? _____Yes   ____No

13.   Where will the plan investments be held: _____

14.   Do they want the Employee to have investment direction or do they want the Trustee to have sole discretion:
            _____   Participant   _____   Trustee

       (If they want the Participant to have direction, please be aware that this tends to increase administrative costs and complexities to the Plan.)

       If this is a 401(K) Plan and you have selected Participant investment direction above, which accounts do they want the Employees to have investment direction over?

            ____All Accounts
            ____401k Contributions Only
            ____401k Contributions & Safe Harbor

15.   Please provide a detailed list of all Owners of the Employer with their Ownership Percentages:

       _____   Ownership %_____

       _____   Ownership %_____

       _____   Ownership %_____
16.   Please list the Officers of the Employer below with their official titles:

       _____   Title_____

       _____   Title_____

       _____   Title_____

17.   Please provide a list of Employees of the Employer that are related to any Owner of Officer of the Employer. Please detail their relationship to an Owner or Officer of the Employer:

       _____   _____Relationship (i.e. Spouse, Child, Parent etc)

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18. Plan Documents are to be mailed to   _____Advisor
                                       _____Client

    Plan Year End Request Information is to be mailed to: _____Advisor
                                       _____Client

_____   _____

    Approved by   Date