

17. Does any of the owners/shareholders of the employer own all or a part of any other trade or business?

No Yes. Please provide details below.

<u>Owner/Shareholder</u>	<u>Name of Entity</u>	<u>% Ownership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Has the employer issued stock options or does any individual have an option to purchase stock?

No Yes

19. Does the Employer or any member of the Controlled/Affiliated Service Group sponsor any other retirement plan that will not be administered by Kravitz?

No Yes

If yes, please provide name(s) and type of plan(s). _____

20. Are there employees in addition to those shown on the employee census listing, for example, union employees or leased employees (including employees from a management company/PEO)?

No Yes (If "Yes", attach list of other employees and specify classification.)

21. Did the Employer sponsor a §125 Cafeteria Plan during any part of the plan year?

No Yes (If "Yes", please include §125 deferrals on the employee census.)

22. Does the Employer sponsor a Nonqualified Deferred Compensation Plan?

No Yes (Please include amounts on the employee census if the payments are made to employees while employed.)

23. Were any employees paid "post-severance" compensation following their date of termination?

No Yes (If yes, please include amounts on the employee census – see our Client Release, Data Request Instructions and Census Spreadsheet Specifications for detailed instructions.)

24. For existing 401(k) plans, were 401(k) deferrals deposited into the trust as soon as possible following payday (i.e., within a week?)

No Yes N/A (If "No", please provide us with the payday(s) and corresponding list of contribution amounts with deposit dates in order to determine if a prohibited transaction has occurred and if the employer must pay a penalty tax.)

25. If the plan covers employees other than 100% owners, partners of a partnership, or their spouses, the plan is required to be covered by a fidelity/surety bond. Provide the information below regarding the bond. If you sponsor more than one plan, and you have separate bonds for each plan, please provide information on each bond.

Name of Surety Company: _____

Amount of Coverage: _____

Expiration Date: _____

If you sponsor more than one plan, are all plans listed on the same bond? No Yes

The required amount of your bond depends on the amount and type of assets in the plan. Please refer to item 4 of the "Additional Required Trust Information" found on our website for further information.

26. Do you have fiduciary liability insurance? No Yes
27. Does the plan(s) have a written investment policy statement about how plan assets are invested?
 No Yes
28. Do a substantial number (e.g. 25%+) of your employees speak a primary language other than English?
 No Yes

For new clients only:

29. Date incorporated (if applicable): _____ State in which incorporated: _____

30. Date business commenced: _____

31. Predecessor organization(s) (if any):

Name: _____

Date incorporated or date business commenced: _____

Type of Entity (see Item 8): _____

Date of transfer: _____

32. Has the Company, any Predecessor Organization, or any member of a controlled group or affiliated service group ever maintained any pension or profit sharing plan (including Keoghs or SEPs)?

No

Yes. Please provide details below.

Company Name

Plan Type

Date Terminated

Completed by: _____

Date: _____