

American Pension Corporation
1375 PLAINFIELD AVENUE WATCHUNG, NEW JERSEY 07069
(908) 757-5151 Facsimile (908) 757-9644

PLAN SPONSOR QUESTIONNAIRE

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

EXPRESS SERVICE ADDRESS: _____

(real location, if different)

TELEPHONE: (____) _____ - _____ FAX: (____) _____ - _____

E.I.N.: _____ - _____ (tax number) STATE of INC. (business): _____

DATE BUSINESS BEGAN (or D.O. Inc.): _____ FISCAL Year-end: ____/____/____

(month/day)

TYPE OF BUSINESS ENTITY: Reg. Corp. P.A. LLC Sole Prop. Exempt

Sub-S P.C. LLP Partnership Govnmt

Single-Employer Plan

Controlled Group

Church Group

Affiliated Service Org.

Government Org.

NATURE of BUSINESS: _____

COUNTY: _____ Numeric Business Code: _____

if known

COMPANY OFFICERS:

President: _____

Secretary: _____

Vice Pres: _____

Other: _____

COMPANY OWNERS: _____ %

(and percent owned) _____ %

_____ %

_____ %

If this is a Controlled Group, or an Affiliated Service Organization, please provide information on those other companies (Relationship, Ownership, Number of employees, Business, Plans in effect).

American Pension Corporation

NAME of ATTORNEY or ACCOUNTANT: _____

Telephone: _____ Fax: _____

Address: _____

Plan Information, if determined

NAME OF PLAN: _____

TYPE OF PLAN: _____ 401(a) 401(k) Safe-Harbor Simple-I.R.A. 403(a) 403(b)

Who will sign 5500 for the Employer: _____ Title: _____

Who will sign 5500 as Plan Administrator: _____ Title: _____

Employer Contact for Year-end Information: _____ Title: _____

Email addr: _____ Tel Ext: _____

PLAN'S EFFECTIVE DATE: ____/____/____ PLAN'S YEAR-END: ____/____/____

PLAN NUMBER: _____ Plan's T.I.N. _____ - _____ (month/day) _____ (tax number)
 ELIGIBILITY: Age _____ Service _____ Exclusions: _____
 Vesting Entry Dates: _____ Other: _____%
 1 _____%
 2 _____% Hours or other Requirement for a Contribution: _____
 3 _____%
 4 _____% Ret. Age: _____ Years part: _____ Other Option: _____
 5 _____%
 6 _____% Loans: Rate _____ % Number Allowed: _____ Other: _____
 7 _____%
 In-service Distributions: _____
 MATCH: Matching Percent: _____% Maximum Percent of Salary Matched: _____%
 \$ _____
 ALLOCATION FORMULA: _____
 Investment Program: _____
 Primary Investment Representative: _____ Tel: _____
 Fax: _____
 TRUSTEES: _____ S.S. # _____
 _____ S.S. # _____
 _____ S.S. # _____
 Last Plan Document Sponsor (by): _____ Approval Letter Date: _____
 Other Plans in effect: _____
 OTHER INFO: _____