

SECTION - A

EMPLOYER NAME: _____

BUSINESS CODE: _____ FISCAL YEAR END: _____

ADDRESS: _____

PLAN CONTACT: _____

PHONE: _____ EMAIL: _____

SECTION - B

1. List all the **OWNERS** of the Company:

NAME	OFFICER	OWNERSHIP %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List all the **NON-OWNER OFFICERS** of the Company:

NAME	OFFICER
_____	_____
_____	_____
_____	_____
_____	_____

3. List any family member of the owners who were employed by the company:

NAME	OWNER'S NAME	RELATIONSHIP TO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. If any of the owners, or their spouses, own additional entities, please provide the following:

NAME OF THE ENTITY	OWNERSHIP %	# OF EMPLOYEES	INCLUDED IN CENSUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION - C

1. COMPANY ENTITY

"C" Corporation

"S" Corporation

Partnership

Non-Profit Organization

Sole Proprietorship (Attach Sch C. Income)

Limited Liability Company/Partnership
Taxed as:

Partnership

Corporation

IMPORTANT: If your company is a Partnership, LLC or LLP being taxed as Partnership, please forward the K-1.

2. SECTION 125 - Cafeteria Plan

No

Yes

If Yes - please enter the amount on the attached census spreadsheet

3. Has the Employer ever maintained another Qualified Plan?

No

Yes

If Yes - please complete the below table

Plan Name	Plan Number	Active/ Terminated	Termination Date

SECTION - D

CURRENT YEAR CONTRIBUTIONS

1. Profit Sharing Contributions

None for

Specific Dollar Amount

or Percentage

Unknow will contact MGA by

MAXIMUM - MGA will calculate

Other:

2. Safe Harbor Contribution

None

Safe Harbor Nonelective

Safe Harbor Matching

Per Payroll Basis (No True-up)

Annual Basis

Other:

3. Non-Safe Harbor Matching Contributions

None

Per Payroll Basis (No True-up)

Annual Basis

Other:

SECTION - E

SKIP this page IF MGA has access to your plan’s accounts through the websites of JOHN HANCOCK, EMPOWER, NATIONWIDE, VOYA, AMERICAN FUNDS, MASS MUTUAL, OPPENHEIMER FUNDS, PCS or PRINCIPAL Or if we receive duplicate statements by mail.

1. ASSET INFORMATION

Please list all assets held by the Pension Plan Trust. Please attach copies of the year-end statements.

HOLDER OF ASSETS	
TOTAL	

2. PARTICIPANT DISTRIBUTIONS

NAME	Date Of Distribution	Amount Paid	Tax Withholding
TOTAL			

3. PARTICIPANT LOANS

NAME	Outstanding Loan Balance	New Loans Made during	Repayment of Loans (Principal & Interest) during	Outstanding Loan Balance
TOTAL				

Loan repayment amount deposited in 2015 for 2014:

Provide amortization schedule for each new loan – if not prepared by MGA. You can provide your own spreadsheet with the same information – if more space is needed.

Any additional information you believe we should consider:

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SECTION - F

1. Plans subject to ERISA must comply with comprehensive reporting requirements, including submitting schedules and conducting financial audits. Large Plans (generally those with 100 or more eligible participants at the beginning of the plan year) are required to attach audited financial statements to the Form 5500. If you are subject to an audit, please provide the following information:

Auditor Company: _____ EIN: _____
Auditor Name: _____
Phone: _____ Email: _____

2. Form 5500 Signer:

Plan Administrator: _____
Email Address: _____
Plan Sponsor: _____
(if different than Plan Administrator) _____
Email Address: _____

3. Fidelity Bond Requirements:

All qualified plans covering employees in addition to the owners are required to have a fidelity bond in the amount of at least 10% of total plan assets. The bond provides protection to the plan against loss by reason of acts of fraud or dishonesty. If your plans has Non-Qualified assets, you may need additional coverage.

Company through which this Fidelity Bond is issued: _____
Amount of the Fidelity Bond coverage: _____
Expiration Date: _____

4. Timely Deposit of Employee Contributions and Loan Payments:

According to DOL regulations 29 CFR 2510.3-102, amounts withheld from an employee's paycheck, including deferrals and loan payments, should be remitted to the plan as of the earliest date on which such contributions can reasonably be segregated from the employer's general assets. For plans with fewer than 100 participants, the DOL has issued a "safe harbor" time period of no later than the 7th business day following withholding by the employer. For plans with 100 or more participants, no such safe harbor exists. Therefore, in order to maintain compliance with the regulations, it is imperative that the plan sponsor ensures that the contributions are remitted to the plan as soon as possible and that they have a consistent remittance schedule. In the event the employer has failed to submit the payrolls in a timely manner, and would like MGA to correct, please complete the following:

Payroll Date	Deposit Date	Total Deposit Amount

I have completed this to the best of my ability. I understand MGA will prepare the IRS Form 5500 and Valuation report based on the information I have provided.

Signature: _____ Date: _____