



THE PANGBURN GROUP

DEFINED BENEFIT PLAN PLAN DESIGN QUESTIONNAIRE

**WE STRONGLY ENCOURAGE CLIENTS & ADVISORS TO CONTACT US FOR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE.
PLEASE CALL (800) 634-3287 AND SPEAK TO A NEW BUSINESS CONSULTANT.**

PLAN SPONSOR INFORMATION

Sponsor's Name: _____ State of Incorporation: _____

Address: _____ Taxpayer ID Number: _____ - _____

City: _____ State: _____ Zip: _____ Fiscal Year End: _____ Tax Year End: _____

Authorized Officer Name: _____ Ticker Symbol (if applicable): _____

Authorized Officer Title: _____ Total Number of Employees: _____

Authorized Officer Phone #: (_____) _____ Status: Private Private (Owned by Public Co.) Public

Authorized Officer Email: _____ Board: Yes No Holding Co: Yes No

Does the Sponsor and/or Affiliate currently maintain other nonqualified defined contribution plan(s)? Yes No

Has the Sponsor and/or Affiliate terminated a nonqualified defined contribution plan(s) within the last 3 years? Yes No

ACCOUNTING, TAX, & LEGAL INFORMATION

Business Form: Regular C-Corporation Limited Liability Company Tax-Exempt (for IRC Section 457(f) "ineligible" plans only)

Subchapter S-Corporation Partnership Other: _____

Accounting: Cash Basis Modified Cash Basis Accrual-Basis If C-Corp Selected: Marginal Tax Bracket _____%

Plan Administrator: Board Committee Other: _____ Financial Statements: Audited Reviewed Compiled

Financial Advisor Contact Name: _____ Financial Advisor's Company: _____

Financial Advisor Email: _____ Financial Advisor Phone: (_____) _____ Ext. _____

Financial Advisor Assistant Contact Name: _____ Assistant's Email: _____

Auditor/CPA Contact Name: _____ Auditor/CPA Firm: _____

Auditor/CPA Email: _____ Auditor/CPA Phone: (_____) _____ Ext. _____

Legal Advisor Contact Name: _____ Legal Advisor Firm Name: _____

Legal Advisor Email: _____ Legal Advisor Phone: (_____) _____ Ext. _____



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AFFILIATE COMPANIES

List below any affiliated companies that will or may become a party to this plan. An affiliate is any corporation, partnership, joint venture, association, or similar organization or entity, other than the Plan Sponsor, that is a member of a controlled group of corporations in which the corporation is a member, as defined in Section 414(b) of the Code and all other trade or business (whether or not incorporated) under common control of or with the Plan Sponsor, as defined in Section 414(c) of the Code.

ENTITY NAME	BUSINESS FORM	OWNERSHIP	FISCAL YEAR END	ADOPTING COMPANY (Y/N)

ELIGIBLE GROUP & EFFECTIVE DATES

Number of Eligible Individuals: _____
(Complete Census Worksheet)

Anticipated Plan Effective Date: _____

The Plan Sponsor establishes this plan for the benefit of: (Choose *either or both* of the following)

- Selected Key Employees.** An unfunded nonqualified plan maintained primarily for the purpose of providing deferred compensation for a "select group of management or highly compensated employees," a "top-hat plan," exempt from Parts 2, 3, and 4 of Title I of ERISA.
Are selected Key Employees under an employment agreement: Yes No (If yes, please provide a copy of the current agreement.)
- Independent Contractors.** A plan maintained solely for independent contractors or self-employed individuals (outside directors of a corporation, partners in a partnership, sole proprietors, non-employees) and exempt from Title I of ERISA.

GENERAL OPERATIONAL ASSUMPTIONS

Normal Retirement: Date _____ or Age _____ or Other _____

Plan Discount Rate: _____ (The discount rate may be based upon high quality fixed income investments whose cash flow approximate the timing and amount of expected distributions.)

Accounting Method: ASC 710 ASC 715

PAYMENT EVENTS

NORMAL RETIREMENT BENEFIT:

Value of the benefit shall be: (choose one)

- Specified dollar amount of \$ _____ (If the amount varies by Participant, please attach details)
- Formula based on compensation. (Describe formula and components of compensation below)
- Formula based on years of service or years of participation. (Describe below)
- Other (Describe below)



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Please provide further explanation of benefit (i.e., Cost of Living inflator) (if applicable): _____

Form of Payment: (choose one) Lump Sum Monthly Quarterly Annually Other: _____

Duration of Payment: (choose one) Fixed Period ____ years Lifetime ____ minimum years Other: _____

Commencement Date: Upon Normal Retirement Date/Age
 First day of the ____ month following Date/Age
 January 1 following Date/Age
 First day of the ____ month following Separation On or After Date/Age
 January 1 following Separation On or After Date/Age
 Other: _____

EARLY RETIREMENT BENEFIT: (this is assumed to be Separation prior to Normal Retirement)

Value of the benefit shall be: (choose one)

- N/A - Not a payment trigger**
- Accrued Liability (determined in accordance with GAAP)
- Vested Percentage of Accrued Liability
- Vested Percentage of Normal Retirement Benefit (may result in a liability greater than the GAAP liability)
- Other (Describe below)

Please provide further explanation of benefit (i.e., Cost of Living inflator) (if applicable): _____

Form of Payment: (choose one) Lump Sum Monthly Quarterly Annually Other: _____

Duration of Payment: (choose one) Fixed Period ____ years Lifetime ____ minimum years Other: _____

Commencement Date: Upon Normal Retirement Date/Age
 First day of the ____ month following Date/Age
 January 1 following Date/Age
 First day of the ____ month following Separation On or After Date/Age
 January 1 following Separation On or After Date/Age
 Other: _____

DISABILITY BENEFIT:

Value of the benefit shall be: (choose one)

- N/A - Not a payment trigger**
- Normal Retirement Benefit
- Accrued Liability (determined in accordance with GAAP)
- Vested Percentage of Accrued Liability
- Vested Percentage of Normal Retirement Benefit (may result in a liability greater than the GAAP liability)



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Other (Describe below)

Please provide further explanation of benefit (i.e., Cost of Living inflator) (if applicable): _____

Form of Payment: (choose one) Lump Sum Monthly Quarterly Annually Other: _____

Duration of Payment: (choose one) Fixed Period ___ years Lifetime ___ minimum years Other: _____

Commencement Date: Upon Normal Retirement Date/Age
 First day of the ___ month following Date/Age
 January 1 following Date/Age
 First day of the ___ month following Separation On or After Date/Age
 January 1 following Separation On or After Date/Age
 Other: _____

CHANGE IN CONTROL BENEFIT:

Value of the benefit shall be: (choose one)

- N/A - Not a payment trigger**
- Normal Retirement Benefit
- Accrued Liability (determined in accordance with GAAP)
- Vested Percentage of Accrued Liability
- Vested Percentage of Normal Retirement Benefit (may result in a liability greater than the GAAP liability)
- Other (Describe below)

Please provide further explanation of benefit (i.e., Cost of Living inflator) (if applicable): _____

Form of Payment: (choose one) Lump Sum Monthly Quarterly Annually Other: _____

Duration of Payment: (choose one) Fixed Period ___ years Lifetime ___ minimum years Other: _____

Commencement Date: Upon Normal Retirement Date/Age
 First day of the ___ month following Date/Age
 January 1 following Date/Age
 First day of the ___ month following Separation On or After Date/Age
 January 1 following Separation On or After Date/Age
 Other: _____



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PRE-RETIREMENT DEATH BENEFIT: (when death occurs while still actively employed) (choose one)

- N/A - Not a payment trigger** (death benefit will be provided under a separate endorsement split dollar arrangement or death benefit only arrangement)
- Specified dollar amount of \$_____ per year for ____ years. (If the amount varies by Participant, please attach details.)
- Normal Retirement Benefit
- Accrued Liability (determined in accordance with GAAP)
- Vested Percentage of Accrued Liability
- Vested Percentage of Normal Retirement Benefit (may result in a liability greater than the GAAP liability)
- Participant's Accrued Liability / Vested Accrued Liability / Vested Normal Retirement Benefit PLUS endorsement split dollar or DBO amount
- Other (describe below)

Please provide further explanation of benefit (if applicable): _____

Form of Payment: (choose one) Lump Sum Monthly Quarterly Annually Other: _____

Duration of Payment: (choose one) Fixed Period ____ years Lifetime ____ minimum years Other: _____

Commencement Date: Upon Normal Retirement Date/Age

First day of the ____ month following Date/Age

January 1 following Date/Age

First day of the ____ month following Separation On or After Date/Age

January 1 following Separation On or After Date/Age

Other: _____

If Endorsement Split Dollar or DBO is used, please complete the following:

Plan Type: Pre-Retirement Only Post-Retirement Only Both Pre- and Post-Retirement

Employer portion of the Death Benefit: _____

Employee portion of the Death Benefit: _____

Employer portion of the Premium: _____

Employee portion of the Premium: _____

DEATH BENEFIT AFTER PAYMENTS HAVE COMMENCED: (choose one)

- Continue remaining installments payments (if any) to named Beneficiary
- Commute remaining installment payments (if any) and pay Beneficiary a lump sum of the present value of the remaining installments
- Commute remaining installment payments (if any) and pay Beneficiary a lump sum of the dollar amount of the remaining installments



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DEATH BENEFIT IF THERE IS A DELAY: (when death occurs after a triggering event but payment of benefit is delayed to a later date)
(choose one)

- The benefit otherwise payable under that event at the same time and amount it would have been paid had the Participant survived
- The lump sum present value of the benefit payments on the date of death paid immediately following the date of death
- The lump sum present value of the benefit payments on the otherwise payment date paid immediately following the date of death
- Other (describe below)

Please provide further explanation of benefit (if applicable): _____

VESTING *(Discuss FICA implications with your Consultant)*

Vesting Schedule:

- Fully Vested (100%) at all times
- Cliff Vesting in year / age _____ (e.g., 0% for 5 years, 100% thereafter - favors plan sponsor)
- Graded Vesting _____% over _____ years (e.g., 10% per year for 10 years - favors participant)
- Determined on an individual basis (please attach details)
- Other: _____

Basis for Vesting:

- Years of Plan Participation
- Years of Service
- Age
- Combination of Age plus Years of Service/Participation

INFORMAL FUNDING

Select the type of informal funding for the plan:

- Corporate / Bank Owned Life Insurance**

Name of Carrier(s): _____

Product Name: _____ Product Type: (i.e., VUL, UL, WL, etc.) _____

Underwriting Status: _____ Anticipated Issue Date of Policies: _____

Funding Strategy: Aggregate (pool of liabilities matched to pool of assets) Individual (one policy for each participant)

- Mutual Funds**

- No Informal Funding**

- Other:** _____



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SECURING THE BENEFIT

Indicate below the type of security for the benefit obligations.

- None**
- Rabbi Trust** - an irrevocable trust used to hold assets of any type that the trustee is willing to hold and that are intended to pay benefits under a top-hat plan. Assets held in a Rabbi Trust must remain subject to the claims of the Sponsor's creditors in the event of the Sponsor's insolvency or bankruptcy. **Trustee:** _____
- Other:** (please describe) _____

COMMENTS/ADDITIONAL INFORMATION:

The information provided above will be used to create a sample nonqualified deferred compensation plan document and supporting forms which will be provided to you and your legal counsel to assist in drafting the plan agreement. As a convenience to you, and at your request, we will prepare final documents incorporating any comments, corrections, or additions you and your advisor(s) feel are appropriate.